

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015487

1. Limited Liability Company's Name

MEADOW LARK, L.C.

2. Principal Office Address

2217 RIVER RIDGE RD

Suite, Apt. #, etc.

City & State

DE LAND FL.

Zip
32720

Country

VOLUSIA

3. Mailing Office Address

2217 RIVER RIDGE RD

Suite, Apt. #, etc.

City & State

DE LAND FL.

Zip

32720

Country

VOLUSIA

4. State/Country of Formation

FLORIDA ORANGE

5. Date Organized or Qualified
To Do Business in Florida

DEC 14 2006

6. FEI Number

59-3690724

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$9.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DAVID L HINSHAW

Street Address (P.O. Box Number is Not Acceptable)

2217 RIVER RIDGE RD

Suite, Apt. #, Etc.

City

DE LAND

State

FL

Zip Code

32720

7000004724797-1

-12/13/01--01061--007

****150.00 ****150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

David L Hinshaw

REGISTERED AGENT MUST SIGN

Date 12-4-2001

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGING MGRM DIRECTOR	DAVID L HINSHAW	2217 RIVER RIDGE RD	DE LAND FL 32720
MEMBER	LAURIE S HINSHAW	2217 RIVER RIDGE RD	DE LAND FL 32720

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

David L Hinshaw

Date 12-4-2001

Daytime Phone # 678 296 4967

Typed or printed name of signing Managing Member/Manager

DAVID L HINSHAW

CR2E041 (8/01)