

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 NOV -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-15493

Rabbit Ridge, LLC

REINSTATEMENT 200

2. Principal Office Address

4501 Beverly Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4501 Beverly Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 12-13-00

6. FEI Number

59-3693349

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kenyon S. Atlee

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

4501 Beverly Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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

Kenyon S. Atlee

REGISTERED AGENT MUST SIGN

Date 10/18/01

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
MEM	Kenyon S. Atlee	4501 Beverly Avenue	Jacksonville, FL 32210

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

Kenyon S. Atlee

Date 10/18/01

Daytime Phone # (904) 384-6964

Typed or printed name of signing Managing Member/Manager Kenyon S. Atlee

CR2E041 (9/00)