

L01000004008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 APR 17 PM 12:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004008

1. Limited Liability Company's Name

MORNING STAR RANCH CENTER ASSOCIATES, L.C.

300016230053
04/17/03--01099--007 **200.00

2. Principal Office Address

3324 W. University Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 363

City & State

Gainesville FL

City & State

Zip

32607

Country

USA

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified To Do Business in Florida

3-15-01

6. FEI Number

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

GARY MINER

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

3324 W. University Avenue Unit 363

Suite, Apt. #, Etc.

Unit 363

City

Gainesville

State

FL

Zip Code

32607

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

REGISTERED AGENT MUST SIGN

Date

4-15-03

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
Mgr	GARY MINER	3324 W. University Avenue, #363	Gainesville FL 32607
Mgr	JOHN FULKERSON	3324 W. Univeristy Avenue, #363	Gainesville FL 32607

REINSTATEMENT 2002-03

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

Date

4-15-03

Daytime Phone#

352 472-6425

GARY MINER

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)