

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

L01000007907



DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007907

Name and Mailing Address

0002249 01 AT 0.292 **AUTO TO 0 0615 32328-243615



MAGNOLIA RIDGE, LLC
415 SAWYER STREET
ST. GEORGE ISLAND FL 32328-2436

800025236398
12/04/03-01035-004 **150.00



2. New Mailing Address

P.O. 705

City, State, Zip

Eastpoint FL 32328

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

05/18/2001

Principal Place of Business

415 SAWYER STREET
ST. GEORGE ISLAND FL 32328

3. New Principal Place of Business Address

83 B HWY 98

City, State, Zip

Eastpoint, FL 32328

6. FEI Number

59-3733044

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

SHIRLEY, SCOT ESQ.
C/O ARD, SHIRLEY & HARTMAN, P.A.
820 EAST PARK AVE., SUITE F-200
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

(P.O. Box or Post Office is Not Acceptable)

City

FL

Zip Code

10. 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

Signature of Shirley E. Hartman, P.A.

Date 11-21-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM MGR	FRANKLIN CTY, EAST DAY BEY	415 SAWYER STREET 83 B HWY 98	ST GEORGE FL 32328 Eastpoint FL 32328
MGRM M	RUDZINSKI, BRANDT	415 SAWYER STREET S/A	ST GEORGE ISLAND FL 32328
MGRM M	CRUN, JAMIE D	415 SAWYER STREET S/A	ST GEORGE ISLAND FL 32328
MGRM M	BONDS, JEANNE	415 SAWYER STREET S/A	ST GEORGE ISLAND FL 32328
MGRM M	WRAY, AARON	415 SAWYER STREET S/A	ST GEORGE ISLAND FL 32328
MGRM M.	COX, WINFRED L	415 SAWYER STREET S/A	ST GEORGE ISLAND FL 32328

12. 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

Signature of Brandt J. Rudzinski

Date

11/19/03

Daytime Phone #

850-932-1220

Typed or printed name of signing Managing Member/Manager

BRANDT J. RUDZINSKI

CR2E084 (7/03)