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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000008778

Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
02 DEC -9 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008778

Name and Mailing Address

700008803217
11/05/02--01039--008 **150.00

0005722 01 FP 0.352 **PRSRT T8 0 0615 34205-773301

HARRISON RANCH, LLC
801 11TH STREET WEST
BRADENTON FL 34205-7733

700008803217
12/09/02--01090--003 **150.00

CR2E084 (8/02)

2. New Mailing Address
35100 State Rd. 64

City, State, Zip
Myakka City, FL 34251

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/01/2001

Principal Place of Business
35100 STATE RD 64 EAST
MYAKKA CITY, FL 34251

3. New Principal Place of Business Address
35100 STATE RD 64 EAST

City, State, Zip

6. FEI Number
[ ] Applied For
[X] 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

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
801 11TH STREET WEST
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
802 11th Street West

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 _____ Date 10/23/02

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	John Falkner	35100 S.R. 64 E	Myakka City, FL 34251

REINSTATEMENT 2002

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 John Falkner Date 11/25/02 Daytime Phone # (941) 322-2016

Typed or printed name of signing Managing Member/Manager John Falkner