PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000009893

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 30 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/30/03--01089--004 **200.00

DOCUMENT # L01000009893

1. Limited Liability Company's Name

4 V RANCH

2. Principal Office Address	3. Mailing Office Address
7669 N.W. PINE LEVEL ST.	SAME AS LEFT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ARCADIA FLORIDA	City & State
Zip: 34266 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida: 6-1-02

6. FEI Number: 20-0054903 ☑ 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: KRISTIE LEE VIA

Street Address (P.O. Box Number is Not Acceptable): 7669 N.W. PINE LEVEL ST.

Suite, Apt. #, Etc.

City: ARCADIA State: FL Zip Code: 34266

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: [signature] Date: 6/24/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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 PRES.	KRISTIE L. VIA	7669 N.W. PINE LEVEL ST.	ARCADIA, FL. 34266

REINSTATEMENT 02-03 dcc

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: [signature] Date: 6/24/03 Daytime Phone#: 941-924-0640

Typed or printed name of signing Managing Member/Manager: Kristie L. Via