

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000010936

Name and Mailing Address

0010381 01 AT 0.292 \*\*AUTO H8 0 0615 33830-656250



CIRCLE RB RANCH, LLC  
5150 EWING ROAD  
BARTOW FL 33830-6562

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address <b>232 NW 15th St</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Homestead FL 33030</b>		5. Date Organized or Qualified To Do Business in Florida <b>07/02/2001</b>	
Principal Place of Business <b>5150 EWING ROAD BARTOW FL 33830</b>	3. New Principal Place of Business Address  City, State, Zip	6. FEI Number <b>26-1460430</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent <b>SHIVER, BOBBY 232 SW 15TH STREET HOMESTEAD FL 33030</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>300024391043</b> <b>11/03/03--01096--012 **150.00</b> City <b>FL</b> Zip Code
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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 **Bobby Shiver**  
REGISTERED AGENT MUST SIGN

Date **10-31-03**

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	BETTY O SULENTIC ESTATE	232 NW 15TH ST	HOMESTEAD FL 33030
MGR	SHIVER, BOBBY	232 NW 15TH ST	HOMESTEAD FL 33030
MGR	KILLOREN, THOMAS A	120 W STATE ST STE 400	ROCKFORD IL 61101

REINSTATEMENT 03  
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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 **Bobby Shiver**

Date **10-31-03** Daytime Phone # **305-248-2200**

Typed or printed name of signing Managing Member/Manager

CR2E094 (7/03)