

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 9:51

CR2E041 (8/05)

DOCUMENT # 201000011295

1. Limited Liability Company's Name

EVERGLADES RANCH LLC

2. Principal Office Address

2740 NEWMAN DR

Suite, Apt. #, etc.

3. Mailing Office Address

2740 NEWMAN DR

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34114

Country

COLLIER

Zip

34114

Country

COLLIER

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida JULY 10, 2001

6. FEI Number

59-37308 09

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

LYNN L. SWITZER

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

2740 NEWMAN DR

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34114

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

Wendy A. McCarthy

Date 9/10/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles                     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip                   |
|----------------------------|--------------------------------------|---|--------------------------------------|
| <u>MANAGING<br/>MEMBER</u> | <u>LYNN SWITZER</u>                  | <u>2740 NEWMAN DR.</u>                            | <u>NAPLES, FL 34114</u>              |
|                            |                                      |   | <u>7000800003857</u>                 |
|                            |                                      |   | <u>09/20/06--01054--023 **305.00</u> |
|                            |                                      |   | <u>REINSTATEMENT 03-06</u>           |
|                            |                                      |   |                                      |
|                            |                                      |   |                                      |

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

Lynn Switzer

Date SEPT 8/06

Daytime Phone # 239-455-8552

Typed or printed name of signing Managing Member/Manager

LYNN SWITZER