PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 13 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018760

1. Limited Liability Company's Name
ROSEHILL PROPERTIES LLC

02

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
17598 ROCKEFELLER CIRCLE	17598 ROCKEFELLER CIRCLE
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.: SUITE 201
City & State: FORT MYERS	City & State: FORT MYERS
Zip: 33912 Country: USA	Zip: 33912 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/29/2001

6. FEI Number: ☐ 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: WESLEY W. MORGAN

000062483480
12/30/05--01006--006 **5.00

Street Address (P.O. Box Number is Not Acceptable): 17598 ROCKEFELLER CIRCLE

000062483480
12/30/05--01006--005 **300.00

Suite, Apt. #, Etc.: SUITE 201

City: FORT MYERS State: FL Zip Code: 33912

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: _____ Date: 12/12/05
REGISTERED AGENT MUST SIGN

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
MGRM	WESLEY W. MORGAN	17598 ROCKEFELLER CIRCLE, SUITE 201	FORT MYERS, FL 33912
MGRM	F. MICHELLE MORGAN	17598 ROCKEFELLER CIRCLE, SUITE 201	FORT MYERS, FL 33912
	REINSTATEMENT 2002-2005		

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: _____ (Managing Member) Date: 12/12/05 Daytime Phone #: 941-505-1989

Typed or printed name of signing Managing Member/Manager: WESLEY W. MORGAN