

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L01000021408**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 NOV 26 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000021408**

1. Limited Liability Company's Name  
**Sawmill Plantation, LLC**

*BK*

2. Principal Office Address <b>8910 North Dale Mabry Hwy.</b>		3. Mailing Office Address <b>8910 North Dale Mabry Hwy.</b>		4. State/Country of Formation <b>Florida</b>	
Suite, Apt. #, etc. <b>Suite 27</b>		Suite, Apt. #, etc. <b>Suite 27</b>		5. Date Organized or Qualified To Do Business in Florida <b>December 11, 2001</b>	
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>		6. FEI Number <b>30-0025411</b>	
Zip <b>33614</b>	Country <b>USA</b>	Zip <b>33614</b>	Country <b>USA</b>	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name **Corporation Service Company**  
 Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street**  
 Suite, Apt. #, Etc.  
 City **Tallahassee** State **FL** Zip Code **32301**

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 *Cynthia L. Harris* **Cynthia L. Harris**  
 as its agent Date 11/26/03  
 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
Mgr.	Norman B. Fox	8910 N. Dale Mabry Hwy., Suite 27	Tampa, Florida 33614
Mgr.	Fred Anderson	8910 N. Dale Mabry Hwy., Suite 27	Tampa, Florida 33614

**REINSTATEMENT**

2003

100025085381

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 *Norman B. Fox* Date 11/26/03 Daytime Phone # 813-355-1420  
 Typed or printed name of signing Managing Member/Manager Norman B. Fox, Manager

CR20041 (1/002)



# L010000021408

ACCOUNT NO. : 072100000032

REFERENCE : 339406 7266798

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 150.00

FILED  
03 NOV 26 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : November 26, 2003

ORDER TIME : 3:04 PM

ORDER NO. : 339406-005

CUSTOMER NO: 7266798

CUSTOMER: Suzanne J. Walker  
Phelps Dunbar Llp  
Suite 1900  
100 South Ashley Drive  
Tampa, FL 33602

*BK*

RECEIVED  
03 NOV 26 PM 4:34  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SAWMILL PLANTATION, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_