

HO 5000061618

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 102000003283							
1. Limited Liability Company's Name BURKE COUNTY INVESTMENT CO., LLC							
2. Principal Office Address 1948 Alaquia Dr. Suite, Apt. #, etc.				3. Mailing Office Address 1948 Alaquia Dr. Suite, Apt. #, etc.			
City & State Longwood, FL				City & State Longwood, FL			
Zip 32779		Country USA		Zip 32779		Country USA	
4. State/Country of Formation Florida/USA				5. Date Organized or Qualified To Do Business in Florida 2/7/02			
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 Larry L. Hurst							
Street Address (P.O. Box Number is Not Acceptable) 1948 Alaquia Dr.							
Suite, Apt. #, Etc.							
City Longwood,						State FL	
						Zip Code 32779	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.							
Signature of Registered Agent LARRY L. HURST				Signature of Attorney in Fact Frank C. Whigham			
Date 3/11/05				Date 3/11/05			
10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Managing Member/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGRM	LARRY L. HURST		1948 Alaquia Dr.		Longwood, FL 32779		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.400, 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 LARRY L. HURST				Signature of Attorney in Fact Frank C. Whigham			
Date 3/11/05				Date 3/11/05			
Daytime Phone # 407/322-2171				Daytime Phone # 407/322-2171			
Typed or printed name of signing Managing Member/Manager LARRY L. HURST				Typed or printed name of signing Managing Member/Manager LARRY L. HURST			

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REINSTATEMENT

03-05 JM

Corporations

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT**BURKE COUNTY INVESTMENT CO., LLC**

Certificate of Status	1
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