

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -3 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000006382

1. Limited Liability Company's Name

Charlie Horse Plantation, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

877 NW Charlie Horse Drive
Suite, Apt. #, etc.

3. Mailing Office Address

877 NW Charlie Horse Drive
Suite, Apt. #, etc.

City & State

Lake City, Florida

Zip

32055

Country

USA

City & State

Lake City, Florida

Zip

32055

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

September 26, 2003

6. FEI Number

02-0594862

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

James B. Wilson

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

877 Northwest Charlie Horse Drive

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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**

James B. Wilson
REGISTERED AGENT MUST SIGN

Date January 29, 2009

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	James B. Wilson	877 NW Charlie Horse Drive	Lake City, FL 32055
MGRM	James R. Wilson	877 NW Charlie Horse Drive	Lake City, FL 32055

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REINSTATEMENT 03-09

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**

James B. Wilson

Date

1/29/09

Daytime Phone # (386) 867-1601

Typed or printed name of signing Managing Member/Manager

James B. Wilson

N. O'Quinn FEB - 4 2009