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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L02000017490

FILED

03 DEC -1 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015152 01 AB 0.301 **AUTO T6 3 0615 34476-490865

SAN EGRET, L.L.C.

765 S.W. 80TH STREET
OCALA FL 34476-4908

1. DOCUMENT # L02000017490

Name and Mailing Address

2. New Mailing Address

3501 NE 10th St.

City, State, Zip

Ocala FL 34470

Principal Place of Business

765 S.W. 80TH STREET
OCALA FL 34476

3. New Principal Place of Business Address

3501 NE 10th St.

City, State, Zip

Ocala, FL 34470

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/03/2002

6. FEI Number

42-1547936

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required
for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

KIRKPATRICK, W.R.
765 S.W. 80TH STREET
OCALA FL 34476

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

Date 11.26.03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHACON, PETER	2711 S.W. 34TH AVE.	OCALA FL 34474
MGRM	W. R. KIRKPATRICK TRUS, UTD 06/09/94	765 S.E. 80TH STREET	OCALA FL 34476
MGRM	FLETCHER, PAUL E SR.	16 ALMOND WAY	OCALA FL 34472
MGRM	FLETCHER, PAUL E JR.	16 ALMOND WAY	OCALA FL 34472

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12/01/03--01085--022 **155.00

REINSTATEMENT

2003

12/9 mst

12. 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

SIGNATURE REQUIRED

Date 11.26.03

Daytime Phone (352) 351-4653

Typed or printed name of signing Managing Member/Manager