

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 12:59

DOCUMENT #

LD3000000916

1. Limited Liability Company's Name

M. C. BUCK LAND AND CATTLE CO., LLC

900131244759
06/12/08--01041--006 **516.25

CR2E041 (12/07)

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

17471 SE 58TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 35

Suite, Apt. #, etc.

City & State

SUMMERFIELD, FLORIDA

City & State

WEIRSDALE, FLORIDA

Zip

34491

Country

US

Zip

32195

Country

US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida

JANUARY 8, 2003

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

JEFFREY L. SAUEY

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

1721 SE 16TH AVENUE

Suite, Apt. #, Etc.

SUITE 101

City

OCALA

State

FL

Zip Code

34471

☒ 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

Jeffrey L. Sauey
REGISTERED AGENT MUST SIGN

Date JUNE 6, 2008

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 |
|--------|--------------------------------------|---------------------------------------------------|---------------------|
| MEM | FRANK W. SMITH | PO BOX 35 | WEIRSDALE, FL 32195 |
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REINSTATEMENT

06-08 Alt

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

Jeffrey L. Sauey
Authorized Person of

Date 6/6/08

Daytime Phone # 352-402-0300

Typed or printed name of signing Managing Member/Manager

JEFFREY L. SAUEY Authorized Person & Reg. Agent