PLEASE READ ALL INSTRUCTIONS SEFORE COMPLETING THIS FORM.

| COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | المعمد المعم المعمد المعمد المعم | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 MAY 30 PM 4: 13 | | |
|--|----------------------|---|----------|--|--|---|--|
| DOCUMENT # L03000012200 1. Limited Liability Company's Name | | | | | THEOTH | 4 10 | |
| Mill Pond I Plantation, LLC | | | | | | | |
| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Ad | | | | CR2E041 (1/07) | | |
| 116 E. CONCORD St. | | 116 E. CONCORD St. | | — | 4. State/Country of Formation | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | #, etc. | | _ | FLORIDA 5. Date Organized or Qualified | | |
| City & State | City & State | | | | issiness in Florida 04/04/03 | | |
| ORLANDO, FLORIDA ORLA | | NDO, 71. | | | 6. FEI Number Applied For 45 050 9767 Not Applicable | | |
| Zip Country 32801 USA | 32801 | Count | ry | 7. | OF STATUS DESIRED | 55.00 Additional Fee required for a Certificate of Status | |
| 32801 USA 32801 USA 8. Name and Address of Current Registered Agent | | | | | | tor a Certificate of Status | |
| Name 11 | | | | ─ ─ ★ A \$100 | | | |
| Kenneth Gary McCall Street Address (P.O. Box Number is Not Acceptable) | | | | in circ | in circumstances which the entity did not | | |
| 1209 Edgewater DRIVE | | | | | receive the prior notices. By checking this box, you are certifying the prior notices were | | |
| Suite, Apt. #, Etc. | | | | | not received and requesting the \$100 reinstatement be waived. | | |
| ORLANDO, 41 | | State Zip Code E00103917996 FL 32804 | | | 17996 | | |
| 9. I, being appointed the registered apent of the about named limited liability from pany fam familiar with and accept the obligations of Chapter 608, F.S. | | | | | | | |
| Signature of Registered Agent REGETER DO AGENT MUST SIGN | | | | | Date 4-23-07 | | |
| 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 | | |
| | | 116 E. CONCORD St. | | | 70.011 | H. 32801 | |
| | | | | <u>54.</u> | ORLANDO, | 41. 32 801 | |
| MR. KIM GOERRING MGRM 116 E. CONCORD | | | | <u> 3+·</u> | ORLANDO. | 71. 32801 | |
| MR. Kenneth Smyth | mern 11. | 35 H | ghland 1 | teres | Арорка. | 71. 32703 | |
| Hr. Renneth Ma Call | MGRM 12 | 9 E | lgewater | e DR. | ORLANDO, | 71. 32804 | |
| REMOTE TENEM 2005-07 | | | | | | | |
| | | . — | - u u: | | | | |
| 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 signature of the same legal effect and under oath. | | | | | | | |
| Signature of Markaging Member/Manager 1990 Date 4-23-67 Daytime Phone # 467-650-2022 | | | | | | | |
| Typed or printed name of signing Managing Member/Manager | | | | | | | |