PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC -3 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021468

**1.** Limited Liability Company's Name

COLONIAL RANCHES, L.L.C.

CR2E041 (10/08)

| **2.** Principal Office Address - No P.O. Box # | | **3.** Mailing Office Address | |
|---|---|---|---|
| 4225 SAFFOLD ROAD | | 4225 SAFFOLD ROAD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| WIMAUMA FL | | WIMAUMA FL | |
| Zip | Country | Zip | Country |
| 33598 | US | 33598 | US |

**4.** State/Country of Formation
FLORIDA

**5.** Date Organized or Qualified To Do Business in Florida 06/12/2003

**6.** FEI Number
20-0043506
☐ 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
DOUGLAS C. ROLAND, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
BRICKLEMYER SMOLKER & BOLVES PA

Suite, Apt. #, Etc.
500 E KENNEDY BLVD., SUITE 200

| City | State | Zip Code |
|---|---|---|
| TAMPA | FL | 33602 |

☐ 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 Douglas C Roland Date 12/2/08
REGISTERED AGENT MUST SIGN

**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 | PRISA ENTERPRISES, INC. | 120 ROAD 693 | DORADO PR 00646 US |
| MGRM | HACIENDA LOS ANGELES CORP | 680 N.E. 105TH LANE | ANTHONY FL 32617 |
| | | | |
| | | | |
| | | | |
| | | | |

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REINSTATEMENT

**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 _____ Date 11-20-08 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager PRISA ENTERPRISES, INC., BY FEDERICO STUBBE, PRES