

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

2004 FEB 20 5  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC -7 AM 10: 09

**DOCUMENT #** L03000024944

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

OCONEE RIVER LLC

CR2E041 (8/05)

<b>2. Principal Office Address</b> 2128 SW Main Blvd Suite, Apt. #, etc. Suite 103 City & State Lake City, FL Zip 32025		<b>3. Mailing Office Address</b> P O Box 830 Suite, Apt. #, etc. City & State Lake City, FL Zip 32056	
Country US		Country US	

**4. State/Country of Formation**

Florida, US

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

8/18/2003

**6. FEI Number**

20-0083616

**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**

<b>Name</b> Ron W Turbeville	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2128 SW Main Blvd	
<b>Suite, Apt. #, Etc.</b> Suite 103	
<b>City</b> Lake City	<b>State</b> FL
<b>Zip Code</b> 32025	

900061992450  
12/07/05--01041--007 \*\*105.00

**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**

*Ron W Turbeville*

**Date** 12/6/05

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	Ron W Turbeville	P O Box 830	Lake City, FL 32056
MGRM	Larry Turbeville	6261 Arc Way	Ft Myers, FL 33912
MGRM	Walter H Dyer III	85B E Merritt Island Cway, Merritt Island,	32052 FL
MGRM	Thomas R Rhoden	515 S 6th	Macclenny, FL 32063

**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**

*Ron W Turbeville*

**Date** 12/6/05 **Daytime Phone** #386-752-5035

**Typed or printed name of signing Managing Member/Manager** Ron W Turbeville

AR never received