

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LD 30000 30071**

1. Limited Liability Company's Name

ORO VERDE RANCH, LLC

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

3330 Lake Shore Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32803

Country

Orange

Zip

Country

4. State/Country of Formation

FL - Orange

5. Date Organized or Qualified
To Do Business in Florida

8-13-03

6. FEI Number

NONE

☐ 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

Charles E. Allison

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

3330 Lake Shore Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

☒ 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

Charles E. Allison

REGISTERED AGENT MUST SIGN

Date **1-25-2009**

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	Charles E. Allison	3330 Lake Shore Dr.	Orlando, FL 32803
"	Duane Tucker	24555 CR 102	DAVIS, CA 95618
	L. SELLERS		900142710519 02/03/09--01013--010 **832.50
	FEB -4 2009		
	EXAMINER	REINSTATEMENT	04-09

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

Charles E. Allison

Date **1-25-2009** Daytime Phone # **407 466 3990**

Typed or printed name of signing Managing Member/Manager

Charles E. Allison