

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUN -5 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000034984

1. Limited Liability Company's Name

CK RANCH, LLC

CR2E041 (1/11)

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

207 KING ROAD

Suite, Apt. #, etc.

City & State

WAUCHULA, FL

Zip

33873

Country

USA

3. Mailing Office Address

1324 OAK POINT COURT

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34292

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09-15-2003

6. FEI Number

20-0222977

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

SCOTT P KURECKI

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

1324 OAK POINT COURT

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34292

E-mail Address:

500248624895
06/05/13--01034--009 **\$55.00

mpiazza@sol-cpas.com

(To be used for future annual report notices)

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

Signature

Date

5-28-13

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	SCOTT P KURECKI	1324 OAK POINT COURT	VENICE, FL 34292
MGRM	DENIS M CAVANAGH	3014 65th STREET EAST	BRADENTON, FL 34208

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Signature

Date 5-28-13

Daytime Phone # 941-685-5703

Typed or printed name of signing Managing Member/Manager