

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 17 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700110839127
10/17/07--01043--017 **230.00

CR2E041 (1/07)

DOCUMENT # L03000041445

1. Limited Liability Company's Name

Rocking R Ranch LLC

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

4634 Basswood Rd

Suite, Apt. #, etc.

City & State

Greenwood FL

Zip
32443

Country

Jackson

3. Mailing Office Address

4634 Basswood Rd

Suite, Apt. #, etc.

City & State

Greenwood FL

Zip

32443

Country

Jackson

4. State/Country of Formation

NA

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

10/28/2003

6. FEI Number

45-0530213

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
Candy Peeler

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

4634 Basswood Road

Suite, Apt. #, Etc.

City
Greenwood

State

FL

Zip Code

32443

☒ 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

Candy Peeler

REGISTERED AGENT MUST SIGN

Date 07-05-2007

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	Robert A. Peeler, Jr.	4634 Basswood Road	Greenwood, FL 32443

REINSTATEMENT

05-07

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

Robert A. Peeler Jr.

Date 07-05-07 Daytime Phone # 850 569 5214

Typed or printed name of signing Managing Member/Manager