## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  REINSTATEMENT  COMPANY  REINSTATEMENT  COMPANY  COMP							FILED 07 JUN 22 PM 4: 42	
DOCUMENT # L04000011527  1. Limited Liability Company's Name						Г	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
Cinching Up Winners Ranch, LLC						ВК	04 0 4 0 0 C 4 4 C	
2. Principal Office Address - No P.O. Box # 1607 Holmes Rd.			3. Mailing Office Address 1607 Holmes Rd			d		10 1 0 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Sulte, Apt. #	, etc.	Suite, Apt. #, etc.				State/Country of Formation FL/ HOIMES  5. Date Organized or Qualified To Do Business in Florida 02/12/2004		
City & State Westville, FL			City & State Westville, FL				6. FEI Number Applied For Not Applicable	
<sup>Zip</sup> 32464	32464 Country USA		<sup>Zip</sup> 32464		ÜS	ŠÁ	7. CERTIFICATE	OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent								
្តីហ្វ្លាthia G. Wright						A \$100 reinstatement fee is imposed, except		
Street Address (P.D. Box Number is Not Acceptable) 1607 Holmes Rd.						in circumstances which the entity did not receive the prior notices. By checking this		
Suite, Apt. #, Etc.						box, you are certifying the prior notices were not received and requesting the \$100		
Westville 32464						32464°	reinstatement be waived.	
9. I, being appointed the registered agent of the above named limited flability company, am familiar with and accept the obligations of Chapter 608, F.S.								ions of Chapter 608, F.S.
Signature of Registered Agent REGISTERED AGENT MUS						/ F MUST SIGN		Date 06/13/2007
10. Names and Street Addresses of Managing Members/Managers								
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manag				City / State / Zip
MGRM	Cynthia G. Wright			1607 Holmes Rd.				Westville/FL/32464
MGMR	John T. Wright			1607 Holmes Rd.				Westville/FL/32464
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REINSTATEMENT 2005 2007								
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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 filling 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 Cyntho G. Managing Member/Manager Date 06/13/2007 Daytime Phone # 850 - 956 - 2770								
Typed or printed name of signing Managing Member/Manager Cynthla G. Wright								