PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 27 PM 12:48

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000013354

1. Limited Liability Company's Name

Forister Ranch, LLC

2006

200219762102
01/27/12--01029--003 **1071.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
28846 Kalkallo Drive	28846 Kalkallo Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fair Oaks Ranch, TX	City & State: Fair Oaks Ranch, TX
Zip: 78105 Country: USA	Zip: 78105 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: February 18, 2004

6. FEI Number: ☐ 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: Baron Bartlett

Street Address (P.O. Box Number is Not Acceptable): 230 Canal Boulevard

Suite, Apt. #, Etc.: Suite 4

City: Ponte Vedra Beach State: FL Zip Code: 32082

E-mail Address: fbuilder@att.net
(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 _____ Date 1/25/12
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
President	Wayne Forister	28846 Kalkallo Drive	Fair Oaks Ranch TX 78015
	REINSTATEMENT 2006-2012		

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 608.408, 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 _____ Date 1/25/12 Daytime Phone # 904-285-9993

Typed or printed name of signing Managing Member/Manager: Wayne Forister