

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -5 AM 10:27

DOCUMENT # L04000013949

1. Limited Liability Company's Name

Ghost House Holdings, LLC

600110286226
10/05/07--01004--008 **155.00

CR2E041 (1/07)

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

1500 W. Silver Springs Blvd PO Box 4771

Suite, Apt. #, etc.

Suite C

3. Mailing Office Address

PO Box 4771

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34475

Country

USA

Zip

34478

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/20/04

6. FEI Number

20-0734977

☒ 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

George Williams

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

1500 W. Silver Springs Blvd.

Suite, Apt. #, Etc.

Suite C

City

Ocala

State

FL

Zip Code

34475

☒ 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

George R. Williams
REGISTERED AGENT MUST SIGN

Date 9-25-07

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	Williams, George	1500 W. Silver Springs Blvd	Ocala, FL 34475

REINSTATEMENT
WOP 2005-2007
BLT

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

George R. Williams

Date 9/25/07

Daytime Phone# 352-216-5468

Typed or printed name of signing Managing Member/Manager

George R. Williams