PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 040000 16391

1. Limited Liability Company's Name

Owens Geoue, L.L.C.

400112174254
11/09/07--01039--004 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
3204 Whippoorwill Lane	3204 Whippoorwill LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 3-2-2004

City & State	City & State
Wauchula, FL.	Wauchula, FL.

6. FEI Number 20-1115601 ☐ Applied For ☐ Not Applicable

Zip	Country	Zip	Country
33873	US	33873	US

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name Benjamin K. Norris

Street Address (P.O. Box Number is Not Acceptable)
3204 Whippoorwill Lane
Suite, Apt. #, Etc.

City	State	Zip Code
Wauchula	FL	33873

☐ 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 Benjamin K Norris   Date 11/7/07
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
MGR	Benjamin K. Norris	3204 Whippoorwill Lane	Wauchula, FL. 33873

REINSTATEMENT 2005-07

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 Benjamin K Norris   Date 11/7/07 Daytime Phone # 863-735-0418

Typed or printed name of signing Managing Member/Manager Benjamin K. Norris