

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000017684

1. Limited Liability Company's Name

CARGOR PARTNERS VII - BUCKEYE 610 LC

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

2212 58th Ave. E.

Suite, Apt. #, etc.

3. Mailing Office Address

2212 58th Ave. E.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34203

Country

USA

Zip

34203

Country

USA

8. Name and Address of Current Registered Agent

Name

Timothy A. Knowles

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

1205 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton,

State

FL

Zip Code

34205

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 03/05/2004

6. FEI Number

20-0825142

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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

Timothy A. Knowles
REGISTERED AGENT MUST SIGN

Date 4/3/08

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.	Buckeye Manager, Inc.	2212 58th Ave. E.	Bradenton, FL 34203
			300122635363 04/09/08--01004--008 **377.50

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

[Signature]
Date 4/3/08

Daytime Phone # 941-359-9000

Typed or printed name of signing Managing Member/Manager