PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 DEC 29 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000039389

1. Limited Liability Company's Name

Blue Ridge Cottages of Welaka

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1301 Plantation Island Drive South	Same
Suite, Apt. #, etc. Ste 202 B.	Suite, Apt. #, etc. Same
City & State St. Augustine, Fl 32080	City & State Same
Zip / Country	Zip / Country

4. State/Country of Formation: Florida - USA
5. Date Organized or Qualified To Do Business in Florida: 05/25/2004
6. FEI Number: 201160295 ☐ 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: Larry T Griggs
Street Address (P.O. Box Number is Not Acceptable): 1301 Plantation Island R South
Suite, Apt. #, Etc.: Ste 202 B
City: St Augustine, Fl State: FL Zip Code: 32080

☑ 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: [signature] REGISTERED AGENT MUST SIGN Date: 12/28/09

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	Claus Keescher	507 Lakeway Dr.	St. Augustine, Fl 32080

REINSTATEMENT

900164026139
12/29/09--01015--007 **138.75

11. E-mail Address: Keesc... @ aol.com (To be used for future annual report notification)

12. 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 12/28/09 Daytime Phone # 904-955-3168

Typed or printed name of signing Managing Member/Manager

Dec. 28. 2009 4:20PM Larry T Griggs No. 0826 P. 2