


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
200.00

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 NOV -3 PM 5:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

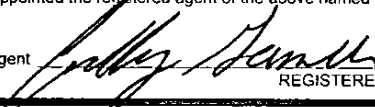
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CR2E041 (8/05)

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DOCUMENT # L0460050 61477			
1. Limited Liability Company's Name Southland Pine Straw, LLC			
2. Principal Office Address 420 SE Trout Lane Suite, Apt. #, etc. City & State Mayo, Florida Zip 32066 Country USA		3. Mailing Office Address 621 South Fletcher Ave. Suite, Apt. #, etc. City & State Mayo, Florida Zip 32066 Country USA	

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 19th of July 2004	
6. FEI Number 20-1535323	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

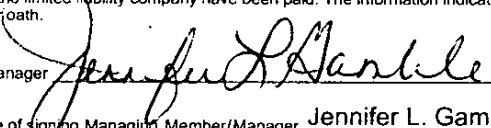
8. Name and Address of Current Registered Agent	
Name Colby Gamble	
Street Address (P.O. Box Number is Not Acceptable) 420 SE Trout Lane	
Suite, Apt. #, Etc.	
City Mayo, Florida	State FL Zip Code 32066

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 10/02/2006
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
man	Jennifer L. Gamble	420 SE Trout Lane	Mayo, Florida
			300081622669 11/08/06--01023--002 **45.00

REINSTATEMENT

2005
2006

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 	Date 10/02/2006	Daytime Phone # 800-656-5094	
Typed or printed name of signing Managing Member/Manager Jennifer L. Gamble			