

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000075743

1. Limited Liability Company's Name

TALEQUAH PLANTATION LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
206 PAINTED PONY RD

3. Mailing Office Address
1008 GORDON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. JOE, FL

City & State
THOMASVILLE, GA

Zip
32456

Country
USA

Zip
31792

Country
USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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
RICHARD E. PARVEY

Street Address (P.O. Box Number is Not Acceptable)
206 PAINTED PONY RD

Suite, Apt. #, Etc.

City
PORT ST. JOE

State Zip Code
FL 32456

☒ 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

REGISTERED AGENT MUST SIGN

Date **8-13-07**

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
MGR	RICHARD E. PARVEY	1008 GORDON AVENUE	THOMASVILLE, GA 31792
			800108197709 08/18/07--01035--018 **155.00

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 508.406, 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 **8-13-07**

Daytime Phone **#229-224-6311**

Typed or printed name of signing Managing Member/Manager

RICHARD E. PARVEY