

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 PM 12:08

DOCUMENT # L04000080472

1. Limited Liability Company's Name

River Valley Developers, L.L.C.

2. Principal Office Address

8928 Gibson Road

Suite, Apt. #, etc.

City & State

Molino, Florida

Zip

32577

Country

U.S.A.

3. Mailing Office Address

8928 Gibson Road

Suite, Apt. #, etc.

City & State

Molino, Florida

Zip

32577

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

11/05/2004

6. FEI Number

02-0741552

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

T.E. Milstid

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

8928 Gibson Road

Suite, Apt. #, Etc.

City

Molino

600080586656

10/09/06--01004--023 **155.00

800081205548

10/25/06--01059--023 **50.00

State

FL

Zip Code

32577

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

T.E. Milstid

REGISTERED AGENT MUST SIGN

Date 10/05/06

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.	Tommie E. Milstid	8928 Gibson Road	Molino, FL. 32577

REINSTATEMENT 2005-06

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

Tommie E. Milstid

Date 10/05/06

Daytime Phone# (850) 587-3912

Typed or printed name of signing Managing Member/Manager

Tommie E. Milstid