

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 APR -7 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000083947

1. Limited Liability Company's Name

McGregor Oaks II, LLC

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

196 Silverspur Trail

Suite, Apt. #, etc.

City & State

Hot Springs, AR

Zip

71913

Country

US

3. Mailing Office Address

196 Silverspur Trail

Suite, Apt. #, etc.

City & State

Hot Springs, AR

Zip

71913

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FL/US

5. Date Organized or Qualified  
To Do Business in Florida

11/18/2004

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 S. Tolbert

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

1615 Forum Place, Suite 500

Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

800271506738  
04/07/15--01027--003 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Robert C. Malt	196 Silverspur Trail	Hot Springs, AR 71913

11. E-mail Address: arlandandequipment@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 4/2/2015

Daytime Phone # (501) 463-0748

Typed or printed name of signing authorized representative/member Robert C. Malt