

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

2008 DEC 22 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000091568

1. Limited Liability Company's Name

Ocean Plantation, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 6391 West Highway 98		3. Mailing Office Address 6391 West Highway 98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St. Joe, Florida		City & State Port St. Joe, Florida	
Zip 32456	Country USA	Zip 32456	Country USA

4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida 12/17/2004	
6. FEI Number 20-2058881	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$5.00 Addition of Fee required for a Certificate of Status</small>	

8. Name and Address of Current Registered Agent	
Name Thomas S. Gibson	
Street Address (P.O. Box Number is Not Acceptable) 116 Sailor's Cove Drive	
Suite, Apt. #, Etc.	
City Port St. Joe	State FL Zip Code 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/15/08

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	George S. Newman, Jr.	6391 West Highway 98	Port St. Joe, Florida 32456
MGR	Gregory J. Waddell	300 E. Shotwell Street	Bainbridge, Georgia 39819

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REINSTATEMENT 07-08AL

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

[Signature]

Date

12-5-08

Daytime Phone #

229-254-8047

Typed or printed name of signing Managing Member/Manager

Gregory J. Waddell