

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 FEB -2 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000091841

1. Limited Liability Company's Name

LOS NARANJOS RANCH, LLC

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

1911 NW 150th Ave.

Suite, Apt. #, etc.

#201

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

3. Mailing Office Address

1911 NW 150th Ave.

Suite, Apt. #, etc.

#201

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/20/2004

6. FEI Number

202273513

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

Peter M. Lopez, P.A.

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

1911 NW 150th Ave.

Suite, Apt. #, Etc.

201

City

Pembroke Pines

State

FL

Zip Code

33028

☒ 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

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	Carlos Lackey	22207 North Lake Village	Katy, TX 77450
MGR	Hugo O. Jimenez	321 SW Dwight Ave.	Port Saint Lucie, FL 34983

REINSTATEMENT 08-10 AL

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

(To be used for future annual report notifications)

12. 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 808.406, 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], MGRM

Date

1/28/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager