

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000064101

1. Limited Liability Company's Name

Sherwood, L.L.C.

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

900 E. Atlantic Avenue

Suite, Apt. #, etc.

c/o Wm. F. Koch, Jr.

City & State

Delray Beach, FL

Zip

33483

Country

Palm Beach

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/28/2005

6. FEI Number

06-1728393

☐ 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

Joel T. Strawn

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

54 NE Fourth Avenue

Suite, Apt. #, Etc.

City

Delray Beach,

State

FL

Zip Code

33483

E-mail Address:

WEG specaro@bellsouth.net

(To be used for future annual report notices)

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

Date **Feb. 14, 2011**

REGISTERED AGENT MUST SIGN **Joel T. Strawn**

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	Mid-Florida Land and Timber Corporation	900 E. Atlantic Ave.	Delray Beach, FL 33483

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. 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 Managing
Member/Manager

Date

Feb. 14, 2011

Daytime Phone # **561-278-9400**

Typed or printed name of signing Managing Member/Manager **William F. Koch, Jr., Pres. of Mid-Florida Land and Timber Corporation, Manager**