

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -7 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/02/10--01036--006 **1926.25

DOCUMENT # L05000075763

1. Limited Liability Company's Name

Colorado Lonesome Dove, LLC

CR2E041 (05/10)

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

3125 SW Mapp Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Zip

34990

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-3244122

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Brian G. West

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

3125 SW Mapp Road

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date

6/16/10

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 MBR	Brian G. West	3125 SW Mapp Rd	Palm City, FL 34990
L. SELLERS			
JUL -8.2010			
EXAMINER		REINSTATEMENT	09-10

11. E-mail Address

(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 608.405, 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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Brian G. West

6/16/10

778-221-8520