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 14 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L05000080709

1. Limited Liability Company's Name

STARDUST ANGUS RANCH, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
21800 N. HWY 329	21800 N. HWY 329
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MICANOPY, FL	City & State: MICANOPY, FL
Zip: 32667 Country: US	Zip: 32667 Country: US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 08/16/2005

6. FEI Number: 303405694 ☐ 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: JEANNE CHITTY-CAMPBELL

Street Address (P.O. Box Number is Not Acceptable): 21800 N. HWY 329

Suite, Apt. #, Etc.

City: MICANOPY State: FL Zip Code: 32667

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REINSTATEMENT 7-14-10 SBM

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: Jeanne Chitty Campbell Date: 7/9/10

REGISTERED AGENT MUST SIGN

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	JEANNE CHITTY-CAMPBELL	21800 N. HWY 329	MICANOPY, FL 32667

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 608.406, 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: Jeanne Chitty Campbell Date: 7/9/10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____