PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	D)	TARYOF STATE ASSOCIATE CORPORATIONS
DOCUMENT # LOSOOOO 87342 1. Limited Liability Company's Name Pineview Ranch LLC		10 MAY 12 AM (Q 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	
2218 Hontoon Rd Suite, Apt. #, etc.	3. Meiling Office Address 2218 Hontoon Rd Suite, Apt. #, etc. City & State DELand Florida	Flo 5. Date Organ	├
Zip Country Z	32720 Country VOIUSIA	7. CERTIFICATE	Not Applicable FOR STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name Till A. MASTER brook Street Address (P.O. Box Number is Not Acceptable) R 2 Suite, Apt. #, Etc. City DELAND State FL 32720		☐ 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 Agent REGISTERED AGENT MUST SIGN Date 4-39-10			
10. Names and Street Addresses of Managing Member Titles Name of Managing Members/Managers	rs/Managers Street Address of Each Managing Member/ Manag	er	City / State / Zip
CEO JIII A. MAJEND	rook 2218 Hantoon	Rd	DELAND F1 32720
REINSTATEMENT 2	008-2010		
11. E-mail Address: KANDRO CFI. RR.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 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 Manager Lucy Manager Date 4.29-10 Daytime Phone # 386.740-8198 Typed or printed name of signing Managing Member/Manager July A. Mastenback			



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 MAY 12 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 5, 2010

PINEVIEW RANCH LLC 2218 HONTOON RD DELAND, FL 32720

SUBJECT: PINEVIEW RANCH LLC

Ref. Number: L05000087342

We have received your document for PINEVIEW RANCH LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 810A00011265