

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAY 30 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000088874

1. Limited Liability Company's Name

KNOW-NUT' N RANCH, LLC

REINSTATEMENT

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

HCR 2 Box 4065 - Hwy E

Suite, Apt. #, etc.

City & State

Lowndes, MO

Zip
63951

Country
USA

3. Mailing Office Address

605 NE 1st Street

Suite, Apt. #, etc.

Suite "E"

City & State

Gainesville, FL

Zip
32601

Country
USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

09/07/2005

6. FEI Number

20-3497441

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

Sam W. Boone, Jr.

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

605 NE 1st Street

Suite, Apt. #, Etc.

Suite "E"

City

Gainesville

State

FL

Zip Code

32601

☐ 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

Sam W. Boone, Jr.

REGISTERED AGENT MUST SIGN

Date 5/22/07

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	Jon Rainey	HCR 2 Box 4065, HWY-E	Lowndes, MO 63951

LS

000103918940

06/05/07--01046--023 **205.00

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.

Signature of
Managing Member/Manager

Jon P. Rainey

Date 5-14-07

Daytime Phone # 523-485-2509

Typed or printed name of signing Managing Member/Manager Jon Rainey