

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 DEC 30 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # LOS000111738

1. Limited Liability Company's Name

Hickory Branch, LLC

500138379975  
12/02/08--01030--004 \*\*416.25

CR2E041 (10/08)

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

4210 Metro Parkway

3. Mailing Office Address

4210 Metro Parkway

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

Suite 250

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33916-9409

Country

USA

Zip

33916-9409

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/18/2005

6. FEI Number

59-3214351

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

Richard Choma

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

4210 Metro Parkway

Suite, Apt. #, Etc.

Suite 250

City

Fort Myers

State

FL

Zip Code

33916-9409

☒ 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

*Richard Choma*

Date 11/25/08

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	Running W Citrus Limited Partnership	4210 Metro Parkway, Suite 250	Fort Myers, Florida 33916

REINSTATEMENT 06.08

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 608.408, 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

*Charles W Lucas*

Date 11/25/08

Daytime Phone # 239-275-4060

Typed or printed name of signing Managing Member/Manager

CHARLES W LUCAS