

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 12 PM 1:48

1. Limited Liability Company's Name

Treasure Coast Hardwoods

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

1675 S.E. Lake Legacy Way
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, Florida 34997

Zip

34997

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

8. Name and Address of Current Registered Agent

Name _____

Austin H. Jones

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

1675 S.E. Lake Legacy Way
Suite Apt # Etc

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-07-08

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	Austin Jones	1675 SE Lake Legacy Way	Stuart FL 34997
			100129050961 05/12/08--01052--006 **238.75
			400131000664 05/05/08--01036--002 **138.75
			REINSTATEMENT 2007-08

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 608.406, 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

Date _____

5/28/08

Daytime Phone #

772-260-6070

Typed or printed name of signing Managing Member/Manager