

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC -9 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000017329					
1. Entity Name HENRIC-MAC PROPERTIES, LLC					
Principal Place of Business 880 W WISCONSIN AVE. ORANGE CITY, FL 32763			Mailing Address 880 W WISCONSIN AVE. ORANGE CITY, FL 32763		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4347021	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENRICKSON, RICHARD G 880 W WISCONSIN AVE. ORANGE CITY, FL 32763			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: Richard G. Henrickson			12/4/08 (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRICKSON, RICHARD G		NAME	200138696052	
STREET ADDRESS	880 W WISCONSIN AVE.		STREET ADDRESS	12/08/08--01063--020 **238.75	
CITY - ST - ZIP	ORANGE CITY, FL 32763		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACHERIONE, THOMAS		NAME		
STREET ADDRESS	1377 7TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	DELAND, FL 32724		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.					
SIGNATURE: Richard G. Henrickson			12/4/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		