PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATIONS	MAISING OF SOME
DOCUMENT # LOQUOOC 1. Limited Liability Company's Name Fox Hollow LLC		
	[•	CR2E041 (11/09)
2. Principal Office Address - No P.O. Box # 6330 Olde Moot Way Suite, Apt. #, etc.	3. Mailing Office Address 6230 Olde Moat B Suite, Apt. #, etc	4. State/Country of Formation Florida /USA 5. Date Organized or Qualified To Do Business in Florida 3/27/06
City & State Davie, FL	Davie FL	6. FEI Number Applied For Not Applied For
Davie FL Zip 33331 Country USA	2ip 33331 Country	7.
8. Name and Address of Current Registered Agent Name Roger Trca Street Address (P.O. Box Number is Not Acceptable) 6230 Olde Moat Way Suite, Apt. #, Etc. City State Zip Code		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.
Davie: FL 33331 9. 1, 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 Registered Agent	Date 12/25/09	
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage		Idress of Each Member/Manager City / State / Zip
MGRM Roger Trea	6230 olde M	Host Way Davie, FC 33331
MEAN Lee Schoenberg	4 800 ≤ω 69	4th ARC-105 Davie, FL 32314
MGRM Patricia Trea	6230 olde	Moatuby Davie FL 3333/ 500164092735
REINSTATEMENT 2008,2009		
VEHIOLATEMEN	0.00000000	
11. E-mail Address: roger trca & be ilsouth, net		
(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 filling 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 Date 12/05/09 Daytime Phone # 954-701-1/23 Typed or printed name of signing Managing Member/Manager Roger Trsq.		



RECEIVED

09 DEC 30 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2009

ROGER TRCA 6230 OLDE MOAT WAY DAVIE, FL 33331

SUBJECT: FOX HOLLOW LLC Ref. Number: L06000031999

W09-55717 FOX HOLLOW I, LLC

We have received your document for FOX HOLLOW LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$377.50.

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: 009A00038531