

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 28 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

REINSTATEMENT 10-11

DOCUMENT # L06000035847

1. Limited Liability Company's Name

DEADHORSE PROPERTIES, L.L.C.

2. Principal Office Address - No P.O. Box #
4234 HOMEWOOD LANE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

City & State

Zip

33811

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/04/2006

6. FEI Number

N/A

☐ 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 **JOSEPH A. MORRISON**

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

4416 FLORIDA NATIONAL DRIVE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

E-mail Address:

200214664852
11/28/11--01060--006 **377.50

jhallma1@tampabay.rr.com

(To be used for future annual report notices)

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

Date

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
MGRM	JERRY D. HALLMAN	4234 HOMEWOOD LANE	LAKELAND, FL 33811

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

11/24/11

Daytime Phone #

863-646-8108

Typed or printed name of signing Managing Member/Manager