


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  <b>09 JUL 24 PM 4:28</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> <b>700158229047</b> 07/24/09--01001--017 **133.75 <b>700158229047</b> 07/07/09--01064--006 **382.50  CR2E041 (10/08)	
<b>DOCUMENT #</b> L06000037071 <b>1. Limited Liability Company's Name</b>  LEGACY FOUNTAINS, LLC					
<b>2. Principal Office Address - No P.O. Box #</b> 1223 NW 114TH DRIVE Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1223 NW114TH DRIVE Suite, Apt. #, etc.		<b>4. State/Country of Formation</b> FLORIDA	
<b>City &amp; State</b> GAINESVILLE, FL		<b>City &amp; State</b> GAINESVILLE, FL		<b>5. Date Organized or Qualified To Do Business in Florida</b> 4/10/06	
<b>Zip</b> 32606	<b>Country</b> USA	<b>Zip</b> 32606	<b>Country</b> USA	<b>6. FEI Number</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> Name: RONALD A. CARPENTER Street Address (P.O. Box Number is Not Acceptable): 5608 NW 43RD STREET Suite, Apt. #, Etc.: City: GAINESVILLE State: FL Zip Code: 32653				<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>  <input type="checkbox"/> 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.	
<b>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.</b> Signature of Registered Agent: <i>[Signature]</i> Date: 7/2/09 REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>		<b>City / State / Zip</b>	
MGRM	GEORGE E. FLETCHER	1223 NW 114TH DRIVE		GAINESVILLE FL 32606	
MGRM	GLORIA W. FLETCHER	1223 NW 114TH DRIVE		GAINESVILLE FL 32606	
MGRM	CHERYL HARTLEY	106 SW 140TH TERRACE, #3		NEWBERRY FL 32669	
MGRM	BLAKE FLETCHER	106 SW 140TH TERRACE, #3		NEWBERRY FL 32669	
MGRM	DEBORAH DIAMOND	106 SW 140TH TERRACE, #3		NEWBERRY, FL 32669	
MGRM	CYNTHIA THOMPSON	106 SW 140TH TERRACE, #3		NEWBERRY, FL 32669	
<b>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.</b>					
<b>Signature of Managing Member/Manager</b> <i>[Signature]</i>		<b>Date</b> 7/2/09		<b>Daytime Phone #</b> (352) 332-8383	
<b>Typed or printed name of signing Managing Member/Manager</b> GEORGE E. FLETCHER					