

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 28 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000045252

1. Limited Liability Company's Name

Ginger Quail II, LLC

2. Principal Office Address - No P.O. Box #
4000 Avalon Road

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 674

Suite, Apt. #, etc.

City & State

Winter Garden, Florida

Zip
34787

Country

City & State

Windermere, Florida

Zip

34786

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 05/01/2006

6. FEI Number
20-4798772

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
Emmett T Haag

Street Address (P.O. Box Number is Not Acceptable)
4000 Avalon Road

Suite, Apt. #, Etc.

City
Winter Garden, Florida

State
FL

Zip Code
34787

E-mail Address:

gb@greenbriarlandscape.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 7-22-11

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
MGR	Emmett T Haag	4000 Avalon Road	Winter Garden, Florida 34787

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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 608.408, 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 7-22-11 Daytime Phone # 407-877-7992

Typed or printed name of signing Managing Member/Manager Emmett T Haag