

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL 28 AM 10:55

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000045255

1. Limited Liability Company's Name

Ginger Quail, LLC

CR2E041 (1/11)

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

20-4798714

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:

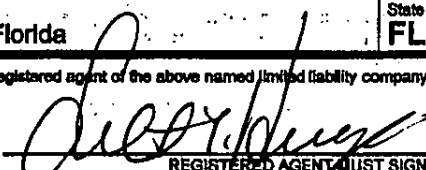
gb@greenbriarlandscape.com

(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 7-27-11

REGISTERED AGENT MUST SIGN

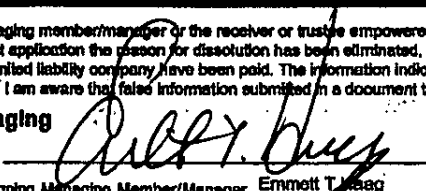
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Emmett T Haag	4000 Avalon Road	Winter Garden, Florida 34787

500210492545
07/28/11-01033-004 **655.00

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 7-27-11

Daytime Phone #

407-877-7940

Typed or printed name of signing Managing Member/Manager

Emmett T Haag

REINSTATEMENT

2008-2011

REINSTATED JUL 29 2011