

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

2010 AUG 20 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100183904001
08/02/10--01054--010 **\$55.00

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L060000672602**
 Limited Liability Company's Name
Billy's Creek Preserve, LLC

2. Principal Office Address - No P.O. Box # 7301 SW 57 COURT Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip 33143 Country Miami Dade		3. Mailing Office Address 7301 SW 57 COURT Suite, Apt. #, etc. Suite 565 City & State So. Miami, FL Zip 33143 Country Miami Dade	
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4. State/Country of Formation
Florida / Miami Dade

5. Date Organized or Qualified To Do Business in Florida
7/21/2006

6. FEI Number
20-8015969 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
Gary L. Brown

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd

Suite, Apt. #, Etc.
Suite 265 South

City
Hollywood State
FL Zip Code
33021

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.

9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent
GARY L. BROWN Date
4/28/10

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
MR	Jeremy Muelha	7301 SW 57 Ct, Suite 565	So. Miami, FL 33143

REINSTATEMENT 07-10

100183904001
08/23/10--01002--017 **\$100.00

AL 8-23-10

11. E-mail Address: **suban@greenwoodgroup.com**

12. I certify that I am managing member/manager of 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.

Signature of Managing Member/Manager
[Signature] Date
Daytime Phone #

Typed or printed name of signing Managing Member/Manager