

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L06000112729**

1. Limited Liability Company's Name

**ORINE, LLC**

2. Principal Office Address - No P.O. Box #

**1416 PATRICK LANE**

Suite, Apt. #, etc.

City & State

**THE VILLAGES FLORIDA**

Zip

**32162**

Country

**USA**

3. Mailing Office Address

**1416 PATRICK LANE**

Suite, Apt. #, etc.

City & State

**THE VILLAGES FLORIDA**

Zip

**32162**

Country

**USA**

**8. Name and Address of Current Registered Agent**

Name

**THE MILLHORN LAW FIRM, LLC**

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

**13710 US HIGHWAY 441**

Suite, Apt. #, Etc.

**SUITE 100**

City

**THE VILLAGES**

State

**FL**

Zip Code

**32159**

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

REGISTERED AGENT MUST SIGN

Date **11/04/2008**

**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
P	ORN ERLINGSSON, MGR	1416 PATRICK LANE	THE VILLAGES, FL 32162
<b>REINSTATEMENT-07-08</b>			
<b>500138181875</b>			
<b>11/21/08--01037--015 **377.50</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.

Signature of

Managing Member/Manager

Date **11/04/2008**

Daytime Phone # **352 430 1700**

Typed or printed name of signing Managing Member/Manager **ORN ERLINGSSON, MGR**

**FILED**

**2008 NOV 26 AM 10: 53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CR2E041 (10/08)



Michael D. Millhorn, P.A.  
Eric C. Millhorn, P.A.  
Ryan J. Millhorn, P.A.  
Kathryn E. Lovasz, P.A.  
Amy Reed, P.A.  
John M. Meffert IV, P.A.

Reply to:  
Pines Professional Center

**Offices:**

**Pines Professional Center**  
13710 U.S. Highway 441  
Suite 100  
The Villages, Florida 32159  
Telephone: (352) 753-9333  
Facsimile: (352) 753-7447

**Palm Ridge Plaza**  
11938 County Road 101  
Suite 110  
The Villages, Florida 32162  
Telephone: (352) 753-9333  
Facsimile: (352) 753-7447

**Ocala**  
7750 S. W. 60<sup>th</sup> Avenue  
Suite A  
Ocala, Florida 34476  
Telephone: (352) 307-2221  
Facsimile: (352) 237-0225

Email: Ryan@Millhorn.com

November 13, 2008

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Document Number: L06000112729

Enclosed please find the application for reinstatement of a Limited Liability Company. Also enclosed is our check number 10200 in the amount of Three Hundred Seventy-seven Dollars and Fifty Cents (\$377.50) for reinstating the ORINE, LLC .

Please contact this office if you have any questions.

Sincerely,  
THE MILLHORN LAW FIRM

Deborah S. Masalski  
Legal Assistant  
Millhorn Law Firm

Enclosures