

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY 12 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000118557

1. Limited Liability Company's Name

BUCHANAN PROPERTIES, L.L.C.
L06000118557 - Document Number

CR2E041 (10/08)

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

4665 NW 24TH BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

4665 NW 24TH BLVD

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

U.S.A.

Zip

32606

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 12/12/2006

6. FEI Number

NONE

☐ 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

DR. GEORGE BUCHANAN, JR.

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

4665 NW 24TH BLVD

Suite, Apt. #, Etc.

City

GAINESVILLE, FL

State

FL

Zip Code

32606

☒ 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 of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

George Buchanan Jr.
REGISTERED AGENT MUST SIGN

Date

4/28/2009

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
MGRM	DR. GEORGE BUCHANAN, JR.	4665 NW 24TH BLVD	GAINESVILLE, FL 32606

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REINSTATEMENT-07-08-09

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

George Buchanan Jr.
George Buchanan Jr

Date

4/28/09

Daytime Phone #

352-538-2735

Typed or printed name of signing Managing Member/Manager