## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIA COMPA REINSTATI	ANY	Secret	ARTMENT OF STATE cary of State from Foundations		OB DEC 16 AM 11: 52	
DOCUMENT # LOGODO 122 958  1. Limited Liability Company's Name  1 URKEY BREEK ESTATES LLC					S. San Care	
				<u> </u>	CR2E041 (10/08)	
2. Principal Office Address - No P.O. Box #			GRANDE CIR	<u></u>	ntry of Formation Hore (TOA)	
City & State	Δ Σ7/ `	City & State	· · ·	To Do Busi	iness in Florida 12/29/06	
PENSACO Zip	Country Country	TENSACO	A HORIDA	6. FEI Number		
32.50.5				7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
Street Address (P. 9-80) Number is 10t Acceptable)  Suite, Apt. #, Etc.  State    State   Stat				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 REGISTERED/AGENT JUST SIGN  Date						
10. Names and Street Addresses of Managing Members/Managers						
Titles	Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		City / State / Zlp	
MOR BLESSES TROPETIES INC 1509 GREEN MOUNTAIN DE LITTLE LOOK, TR. 78211						
RE	INSTATEMEN	T_708		12/	<del>:00139025052</del> 15/0801060015 **138.75	
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 2-12-08 Daytime Phone # 850 · 607-2338  Typed or printed name of signing Managing Membef/Manager						