PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 MAR 12 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600168428296
02/10/10--01028--015 **277.50

CR2E041 (11/09)

DOCUMENT # L07000000021

1. Limited Liability Company's Name
FOXFLOWER, LLC

W16-12671

2. Principal Office Address - No P O Box #	3. Mailing Office Address
3200 NW 60th Street	3200 NW 60th Street
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34475 Country: USA	Zip: 34475 Country: USA

4. State/Country of Formation: Florida / Marion
5. Date Organized or Qualified To Do Business in Florida: 12/29/2006
6. FEI Number: 20-8131648 ☐ 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: Trow & Dobbins, P.A.
Street Address (P O Box Number is Not Acceptable): 1301 NE 14th Street
Suite, Apt. #, Etc.:
City: Ocala State: FL Zip Code: 34470

☑ 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 _____ Date 2/8/2010
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
MGR	Deborah Gibson	3200 NW 60th Street	Ocala, FL 34475
MGR	Philip W. Gibson	3200 NW 60th Street	Ocala, FL 34475
	REINSTATEMENT 08-10		600168428296 03/15/10--01020--024 **138.75

11. E-mail Address: foxflower7@aol.com (To be used for future annual report notifications)

12. 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 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 es 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: Deborah Gibson Date 2/8/2010 Daytime Phone # 352-351-3029

Typed or printed name of signing Managing Member/Manager: Deborah Gibson

Mailed to Dept of State 2/8/10 - Client gave Personal check for $