PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
10 FEB -1 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/01/10--01041--012 **516.25

DOCUMENT # L07-34910

1. Limited Liability Company's Name

Sandhill of Watercolor, LLC

CR2E041 (11/09)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 174 Watercolor Way | 174 Watercolor Way |
| Suite Apt # etc: 286 | Suite Apt # etc: 286 |
| City & State: Santa Rosa Beach | City & State: Santa Rosa Beach |
| Zip: 32459 Country: USA | Zip: 32459 Country: USA |

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 4/02/07

6. FEI Number: 20-8761860 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: Larry Hutchinson

Street Address (P.O. Box Number is Not Acceptable): 174 Watercolor Way

Suite Apt # Etc: 286

City: Santa Rosa Beach State: FL Zip Code: 32459

☐ 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 Reg'stered Agent: [signature] Date: 2/27/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Member/Manager | Street address of Each Managing Member/Manager | City, State, Zip |
|---|---|---|---|
| Mgrm | Larry Hutchinson | 174 Watercolor Way, #286 | Santa Rosa Beach FL 32459 |

L. SELLERS
FEB -2 2010
EXAMINER

REINSTATEMENT
08-2010

11. E-mail Address: lh@sprintmail.com
(To be used for annual report notification)

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. 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: 2/27/10 Daytime Phone #: 850-414-7194

Typed or printed name of signing Managing Member/Manager: Larry Hutchinson