

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2023 APR -5 PM 12:40

DOCUMENT #

1. Limited Liability Company's Name

River Lake Ranch LLC  
# L08000079877

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

7744 SR 471

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bushnell, Fl.

City & State

~~Florida~~ ~~FL~~

Zip

33513 Suiter

Zip

Country

4. State/Country of Formation

FL. / United States

5. Date Organized or Qualified To Do Business in Florida

08/21/2008

6. FEI Number

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 Raymond L. Burk

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

7744 SR 471

Apt. #, Etc.

City

Bushnell

State

FL

Zip Code

33513

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

*R. L. Burk*

Date 03/28/23

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Deandra M. Burk	7744 SR 471 Bushnell, Fl.	33513
MGR	Jason E. Burk	7744 SR 471 Bushnell, Fl.	33513

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R. HUNT

04/05/23

11. E-mail Address

Riverlakeranch@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

3/28/23

Daytime Phone

352 418 5803

Typed or printed name of signing authorized representative/member