

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 17 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000045398

1. Limited Liability Company's Name

MacCray forestry consultants, LLC

CR2E041 (11/10)

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

195 Mashles Sand Rd.

Suite, Apt. #, etc.

City & State

Panacea

Zip

32346

Country

U.S.

3. Mailing Office Address

195 Mashles Sand Rd.

Suite, Apt. #, etc.

City & State

Panacea

Zip

32346

Country

U.S.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Bob McDonald

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

195 Mashles Sand Rd.

Suite, Apt. #, Etc.

City

Panacea

State

FL

Zip Code

32346

600240911126

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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

Robert B. McDonald

REGISTERED AGENT MUST SIGN

Date 10-17-12

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	Bob McDonald	195 Mashles Sand Rd.	Panacea FL 32346
MGRM	Emory P. Ray, Sr.	14008 Fletcher Creek Ct.	Tallahassee FL 32310

REINSTATEMENT

11-12
JBT

11. E-mail Address:

Robert.McDonald001@comcast.net

12. I certify that I am a 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. 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
Managing Member/Manager

Robert B. McDonald

Date 10-17-12 Daytime Phone #

Typed or printed name of signing Managing Member/Manager