

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP 29 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000078437

1. Limited Liability Company's Name

Hill Country LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 218 W Cypress St		3. Mailing Office Address 218 W Cypress St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Davenport, florida		City & State Davenport, florida	
Zip 33837	Country United States	Zip 33837	Country United States

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/26/10	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Doug Tanner			
Street Address (P.O. Box Number is Not Acceptable) 218 W Cypress St			
Suite, Apt. #, Etc.			
City Davenport, florida		State FL	Zip Code 33837

E-mail Address:

dtanner@polksheriff.org
(To be used for future annual report notices)

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

Doug Tanner
REGISTERED AGENT MUST SIGN

Date 9-26-11

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
manager	Doug Tanner	218 W Cypress St	Davenport, florida
REINSTATEMENT 2011			
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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. 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

Doug Tanner

Date 9-26-11

Daytime Phone # 863-307-2450

Typed or printed name of signing Managing Member/Manager

T. Hampton SEP 30 2011