## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

## LIMITED LIABILITY COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L14000159653

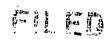
1. Limited Liability Company's Name

Marion County Development LLC

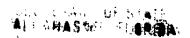
felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Typed or printed name of signing authorized representative/member



15 OCT 19 AM 10: 47



Date 10/19/3015 Daytime Phone # 417-359-0555

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2. Principa	I Office Address - No P.O. Box#	3. Mailing Office	3. Mailing Office Address			CR2E041 (1/14)			
101 East State Street		101 East St	101 East State Street				4. State/Country of Formation		
Suite, Apt. #, etc.			Suite, Apt #, etc.			Florida/USA  5. Date Organized or Qualified To Do Business in Florida 10/13/2014			
City & State		City & State	City & State					Applied For	
Kennett Square, PA		Kennett Squ	Kennett Square, PA				6. FEI Number Applied Fo		
Zip Country		Zip		Country		7	STATUSDESIRED \$5.00 A	Additional Fee required extificate of status	
19348	USA	19348	i	US	SA	CERTIFICATE OF	STATUS DESIRED 1 for a ce	rtificate of status	
8. Name and Address of Curre			rrent Registered Agent			600278229766 10/19/1501008008 **243.75			
Name					10/19/1501008008 **243.75				
Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite,									
1201 Hays Street									
Apt. #. Etc.					Ì				
						,			
City Tallahassee			Sta		Zip Code 32301	ŀ			
					L	<u> </u>			
9. I, Deir	ng appointed the registered agent of the a	bove named limited lia				ept the obligation:			
Sonature of Registered Agent Like Agent Muhas			Stephanie Milnes Asst Vice President			Date 10/19/2015			
		REGISTERED AGENT		···	TWHUCHL-				
10. Name	s and Street Addresses of Authorized Rep	esentatives/Managers		_					
Titles	Name of Authorized Representativ	201	Street Address of Each Authorized Representativ			vo.l	Oty/State/Zip		
	Managers		Manager Manager						
AMBR	George V. Hager, Jr.		101 E. State Stree			t Kennett Square, PA 19348		re, PA 19348	
AMBR	Robert A. Reitz		101 E. State Stree			et	Kennett Square, PA 19348		
AMBR	Thomas Divittor	101 E. State Street			et	Kennett Square, PA 19348			
AMBR	Michael Sherma	101 E. State Street			et	Kennett Square, PA 19348			
AMDD	ADD Aliab and David			404 5 01-4 01				,	
AMBR	Michael Berg	101 E. State Street			et	Kennett Squa	re, PA 19348		
AMBR	Paul D. Bach		101 E. State Street			et	Kennett Squa	re, PA 19348	
11, E-mail	Address Holland, Natalie <na< td=""><td>atalie.Holland@</td><td>genesis</td><td>hcc</td><td>c.com&gt;</td><td></td><td></td><td></td></na<>	atalie.Holland@	genesis	hcc	c.com>				

(To be used for future annual report notifications)

RAYMOND L. THINIERGE

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 filling this reinstatement application the reason for dissolution has been eliminated, the limited tiability 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