PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 MAR -8 PM 12:40

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000151209

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03/08/23--01024--008 **793.75

1. Limited Liability Company's Name
Oyster Ranch, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1050 Solomon Dairy Rd	1050 Solomon Dairy Road
Suite, Apt #, etc.	Suite, Apt. #, etc
City & State: Quincy FLA	City & State: Quincy FLA
Zip: 32352 Country: USA	Zip: 32352 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8/12/2016

6. FEI Number: 81-4894649 ☐ 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: John K. Londot

Street Address (P.O. Box Number is Not Acceptable) Suite:
722 Ingleside Avenue

Apt #, Etc

City: Tallahassee State: FL Zip Code: 32303

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: John Londot, Esq. Date: 3/8/23
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	Fred F. Harris	1050 Solomon Dairy Rd	Quincy, FL 32352
MGR	John K. Londot	722 Ingleside Ave	Tallahassee FL 32303

REINSTATEMENT

R. HUNT

11. E-mail Address: Fred.Harris@gt.law.com
(Encouraged 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: Fred F. Harris Date: 3/8/23 Daytime Phone #: 850-222-6891

Typed or printed name of signing authorized representative/member: FRED F. HARRIS