L92000000024

Florida Department of State

Division of Corporations

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From:
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Account Number : 104657003604
Phone : (352)787-1241
Fax Number : (352)753-0496

7/10

1996-2001

L92-24

LIMITED LIABILITY REINSTATEMENT

SPRINGS CATTLE, L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT 1996-2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92000000024

1. Limited Liability Company's Name
SPRINGS CATTLE, L.C.

2. Principal Office Address	3. Mailing Office Address
1000 West Main Street	1000 West Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Leesburg, Florida	Leesburg, Florida
Zip 34748 Country US	Zip 34748 Country US

4. State/Country of Formation: Florida USA
5. Date Organized or Qualified To Do Business in Florida: 11/09/1992
6. FEI Number: 59-3151226 ☐ 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: Burnsed, R.D.
Street Address (P.O. Box Number is Not Acceptable): 1000 West Main Street
Suite, Apt. #, Etc.:
City: Leesburg | State: FL | Zip Code: 34748

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 _____ Date 7-10-01
REGISTERED AGENT MUST SIGN

CR2E041 (8/00)

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
MAN	Burnsed, R.D.	1000 West Main Street	Leesburg, FL 34748
		REINSTATEMENT 1996-2001	

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.

Signature of Managing Member/Manager _____ Date 7-10-01 Daytime Phone # 352-753-4690

Typed or printed name of signing Managing Member/Manager R.D. Burnsed