

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 DEC 11 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L99000002833

1. Limited Liability Company's Name

MORNING STAR RANCH AT MARLBORO FARMS, L.C.

2. Principal Office Address

3324 W. University Ave.

3. Mailing Office Address

3324 W. University Ave.

Suite, Apt. #, etc.

Suite 363

Suite, Apt. #, etc.

Suite 363

City & State

Gainesville FL

City & State

Gainesville FL

Zip 32607

Country USA

Zip 32607

Country USA

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified
To Do Business in Florida

5-14-99

6. FEI Number
59-3506611

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

GARY MINER

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

3324 W. University Avenue

Suite, Apt. #, Etc.

Suite 363

City

Gainesville

State
FL

Zip Code
32607

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

REGISTERED AGENT MUST SIGN

Date 12-9-02

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
Mgr	GARY MINER	3324 W. University Avenue Suite 363	Gainesville FL 32607
Mgr	JOHN FULKERSON	4420 N.W. 36th Avenue	Gainesville FL 32606

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 12-9-02

Daytime Phone # 352-472-6425

Typed or printed name of signing Managing Member/Manager

GARY MINER

CR2E041 (9/01)