
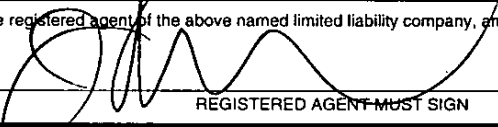
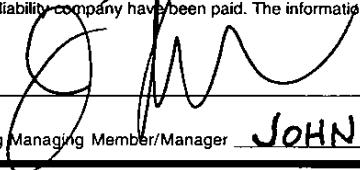


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">06 JAN 12 AM 9:43</div> <div style="font-size: 1.1em; font-weight: bold; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div> <div style="text-align: right; margin-top: 20px;"><b>M. HODGES</b> <span style="font-size: 1.5em; vertical-align: middle;">112</span></div> <div style="text-align: right; margin-top: 10px;">CR2E041 (8/05)</div>	
<b>DOCUMENT #</b> L99000002833					
<b>1. Limited Liability Company's Name</b> Morning Star Ranch at Marlboro Farms, LLC					
<b>2. Principal Office Address</b>			<b>3. Mailing Office Address</b>		
Suite, Apt. #, etc. 4420 NW 36th Avenue			Suite, Apt. #, etc. P.O. Box 357490		
City & State Gainesville, FL			City & State Gainesville, FL		
Zip 32606	Country USA	Zip 32635-7490	Country USA	<b>4. State/Country of Formation</b> Florida	
				<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/14/1999	
				<b>6. FEI Number</b> 593506611	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>					
Name John Fulkerson					
Street Address (P.O. Box Number is Not Acceptable) 4420 NW 36th Avenue					
Suite, Apt. #, Etc.					
City Gainesville				State FL	Zip Code 32606
<b>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.</b>					
Signature of Registered Agent 				Date 01/10/2006	
REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Gary Miner	3324 W University Ave Ste363		Gainesville, FL 32607	
MGR	John Fulkerson	4420 NW 36th Avenue		Gainesville, FL 32606	
<div style="font-size: 2em; font-weight: bold; margin: 10px 0;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0 0 0 200px;">2003-2004 2005-2006</div>					
<b>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.</b>					
Signature of Managing Member/Manager 				Date 01/10/06 Daytime Phone # 352-384-0272	
Typed or printed name of signing Managing Member/Manager				JOHN FULKERSON	