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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 25 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L99000004014

1. Limited Liability Company's Name
PASCO RECREATIONAL PROPERTIES, LLC

11/25 2003

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 15000 US Highway 301 N. | Post Office Box 97 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Dade City, FL | City & State: Dade City, FL |
| Zip: 33523 Country: USA | Zip: 33526 Country: USA |

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 07/02/1999

6. FEI Number: 59-3583662 ☐ 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: Ben Reese

Street Address (P.O. Box Number is Not Acceptable): 15000 US Highway 301 N.

Suite, Apt. #, Etc.:

City: Dade City State: FL Zip Code: 33523

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: Ben Reese Date: 11/24/2003
Ben Reese REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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 CEO | Gary Viljoen | 15000 US Highway 301 N. | Dade City, FL 33523 |
| COO | John Minton | 15000 US Highway 301 N. | Dade City, FL 33523 |
| VP/GC SEC | Ben Reese | 15000 US Highway 301 N. | Dade City, FL 33523 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2003

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: 11/24/2003 Daytime Phone #: 352/521-2268

Typed or printed name of signing Managing Member/Manager: Gary Viljoen

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# Florida Department of State

Division of Corporations
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Division of Corporations
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From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

## LIMITED LIABILITY REINSTATEMENT

### PASCO RECREATIONAL PROPERTIES, LLC

| | |
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