


L99000005715

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

02 JAN 22 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000005715**

1. Limited Liability Company's Name
Buck Knob Associates, LLC

2. Principal Office Address 3999 Chicora Wood Place Suite, Apt. #, etc.		3. Mailing Office Address 3999 Chicora Wood Place Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32004	Country USA	Zip 32004	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
Oct. 1999

6. FEI Number
59-3598156

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Thomas C. Turner**

Street Address (P.O. Box Number is Not Acceptable)
3999 Chicora Wood Place

Suite, Apt. #, Etc.

City **Jacksonville**

State **FL** Zip Code **32004**

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01/23/02 01031--010
***150.00 ***150.00

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 **[Signature]** Date **1/15/02**

REGISTERED AGENT MUST SIGN

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
Pres.	Susan B. Turner	3999 Chicora Wood Place	Jacksonville, FL 32004
V.P.	Brett S. Turner	700 Waterford Landing Rd.	Richmond Hill, GA 31324

REINSTATEMENT 2002

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 **[Signature]** Date **1/11/02** Daytime Phone # **(912) 756-4773**

Typed or printed name of signing Managing Member/Manager **Brett S. Turner**

CR20041 (9/01)