

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 NOV -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002823

1. Limited Liability Company's Name

Burke Ridge, LLC

CR2E041 (8/05)

2. Principal Office Address

822 W Pasadena Blvd.

Suite, Apt. #, etc.

City & State

Deer Park, Texas

Zip

77536-5749

Country

USA

3. Mailing Office Address

822 W Pasadena Blvd.

Suite, Apt. #, etc.

City & State

Deer Park, Texas

Zip

33774-5735

Country

USA

4. State/Country of Formation

Texas / USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/14/2001

6. FEI Number

76-0564273

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

Jerry E. Brower SR

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

2353 Little Country Road

Suite, Apt. #, Etc.

City

Parrish / FL / 34219-9250

State

FL

Zip Code

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 **November 4, 2005**

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
MGRM.	Jerry E. Brower SR	2353 Little Country Road	Parrish / FL / 34219-9250
MGRM	Jerry E. Brower JR	6401 NW Lincoln Avenue	Vancouver / WA / 98663

900061255219

11/08/05--01038--031 **300.00

REINSTATEMENT

02-05

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 **11/4/2005**

Daytime Phone # **941-776-1033**

Typed or printed name of signing Managing Member/Manager **Jerry E. Brower SR**