

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M04000000258**

1. Limited Liability Company's Name

Lakewood Ranch, LLC

2. Principal Office Address - No P.O. Box #

4204 South Park Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 943

Suite, Apt. #, etc.

City & State

Dothan, Alabama

City & State

Dothan, Alabama

Zip

36301

Country

USA

Zip

36302

Country

USA

8. Name and Address of Current Registered Agent

Name

Emily S. Howell

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

3809 Delwood Drive

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32408

E-mail Address:

emilyshowell@yahoo.com

(To be used for future annual report notices)

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

Emily S. Howell

Date 6/6/2013

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
MGR	Emily S. Howell	3809 Delwood Drive	Panama City, FL 32408

900248799769
06/11/13--01006--002 **516.25

JUL 09 2013

S. PRATHER

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 608.405, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Emily S. Howell

Date 06/06/2013

Daytime Phone # 850-832-8188

Typed or printed name of signing Managing Member/Manager Emily S. Howell

FILED

13 JUL -3 AM 8:29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

11-13

CR2E041 (1/11)

4. State/Country of Formation

Alabama

5. Date Organized or Qualified
To Do Business in Florida

1/14/2004

6. FEI Number

200437551

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status