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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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LIMITED LIABILITY REINSTATEMENT
ORANGE CREEK RANCHES, LLC

Certificate of Status	0
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Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (1/11)

13

DOCUMENT # M07000006725

1. Limited Liability Company's Name
ORANGE CREEK RANCHES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
665 SIMONDS ROAD	665 SIMONDS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILLIAMSTOWN, MA	City & State: WILLIAMSTOWN, MA
Zip: 01267 Country: USA	Zip: 01267 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 11/14/2007

6. FEI Number: Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City: PLANTATION State: FL Zip Code: 33324

E-mail Address: tdesautels@nlpfinance.com
(To be used for future annual report notices)

9. I hereby appointed the registered agent of the above entity, I am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 10/2/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	NTP TIMBER PROPERTIES, LLC	895 SIMONDS RD	WILLIAMSTOWN, MA 01267

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0108, 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: [signature] Date: 10/8/13 Daytime Phone #: 413-458-5220

Typed or printed name of signing Member/Manager: Paula A. McCarthy

M. WILLIAMS
OCT - 8 2013