

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 17 AM 11:05

DOCUMENT #

1. Limited Liability Company's Name

m99-299
Limestone Investment Company, LLC

REINSTATEMENT 2000

2. Principal Office Address

8115 Preston Rd.

Suite, Apt. #, etc.

#500

City & State

Dallas, TX

Zip

75225

Country

USA

3. Mailing Office Address

8115 Preston Road

Suite, Apt. #, etc.

Suite 500

City & State

Dallas, TX

Zip

75225

Country

USA

4. State/Country of Formation

Texas

5. Date Organized or Qualified
To Do Business in Florida

4-14-98

6. FEI Number

75-2758131

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT 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

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

Randy A. Shelley

**RANDY A. SHELLEY
SPECIAL ASSISTANT SECRETARY**

Date

11/16/2000

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 Michael G. Loftis *8115 Preston Rd, Suite 500* *Dallas, TX 75225*

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

Michael G. Loftis

Date

11-15-00

Daytime Phone #

214-346-9001

Typed or printed name of signing Managing Member/Manager

Michael G. Loftis