


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**

04 DEC 21 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** 601000007597

1. Limited Liability Company's Name

CONTEMPO LAND DEVELOPMENT, LLC

400043366874  
12/13/04--01059--019 \*\*215.00

11/04/04--01016--006 \*\*35.00

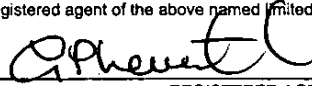
MJH

12/21

<b>2. Principal Office Address</b> 43344 HWY 27		<b>3. Mailing Office Address</b> 43344 HWY 27	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVENPORT		City & State DAVENPORT	
Zip 33837	Country USA	Zip 33837	Country USA

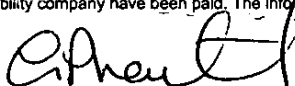
<b>4. State/Country of Formation</b> FLORIDA / USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/07/2001	
<b>6. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
Name GARY LEVENTHAL		
Street Address (P.O. Box Number is Not Acceptable) 43344 HWY 27		
Suite, Apt. #, Etc.		
City DAVENPORT	State FL	Zip Code 33837

<b>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.</b>	
Signature of Registered Agent 	Date 12-3-04
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GARY LEVENTHAL	43344 HWY 27	DAVENPORT, FL 33837
MGR	DON WHERRETT	43344 HWY 27	DAVENPORT, FL 33837

8002-  
**REINSTATEMENT** 2003-2004

<b>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.</b>	
Signature of Managing Member/Manager 	Date 12-3-04
Daytime Phone # 863-424-0219	
Typed or printed name of signing Managing Member/Manager G.P. LEVENTHAL	