


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV . 7 AM 9:30

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000042292

1. Limited Liability Company's Name
LAND N, LLC

2. Principal Office Address 2300 Corporate Blvd NW		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 232		Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State	
Zip 33431	Country USA	Zip	Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **10/31/2003**

6. FEI Number **20-2779379**

Applied For
<input checked="" type="checkbox"/> Not Applicable

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name
Eric Glazer, Esquire

Street Address (P.O. Box Number is Not Acceptable)
2300 Corporate Blvd NW

Suite, Apt. #, Etc.
Suite 232

City
Boca Raton

State
FL

Zip Code
33431

200081594912
11/07/06--01056--001 **255 00

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 [Signature] Date 11/2/06

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	Louis S. Beck	2300 Corporate Blvd NW, #232	Boca Raton, FL 33431
MGR	Norman G. Springer	2300 Corporate Blvd NW, #232	Boca Raton, FL 33431

REINSTATEMENT 2004-06

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 [Signature] Date 10/23/06 Daytime Phone # 561-997-2325

Typed or printed name of signing Managing Member/Manager Louis S. Beck