

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 SEP 16 AM 8:16
ALL MASSFE = FLORIDA

DOCUMENT # L05000025501

1. Limited Liability Company's Name
Fleetwood Land, LLC

2. Principal Office Address - No P.O. Box # 9112 Boyce Ave		3. Mailing Office Address 9112 Boyce Ave.	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32824	Country USA	Zip 32824	Country USA

CR2041 (1/14)

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 03/14/2005	
6. FEI Number 20-2518017	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name
Sammy Aburish

Street Address (P.O. Box Number is Not Acceptable) Suits,
9112 Boyce Ave

Apt. #, Etc.

City Orlando	State FL	Zip Code 32824
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Sammy Aburish* Date 9/10/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Sammy Aburish	9112 Boyce Ave	Orlando, FL 32824
REINSTATEMENT			S. HAWKES
2014-2015			SEP 17 A.M.
			EXAMINER

11. E-mail Address: bethanylimo2@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ 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 requirement of section 605.0012, 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 authorized representative/member *Sammy Aburish* Date 9/10/15 Daytime Phone # 407-467-7750
Typed or printed name of signing authorized representative/member Sammy Aburish, MGR