

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 FEB 19 PM 2:52

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
FOR R.A.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

ORANGE LAND PROPERTIES, LLC  
L0500079673

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
8886 Venezia Plantation Dr

3. Mailing Office Address  
8886 Venezia Plantation Dr

Site, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida  
8/12/2005

City & State  
Orlando FL

City & State  
Orlando FL

6. FEI Number  
203308301

Applied For  
Not Applicable

Zip Country  
32829 USA

Zip Country  
32829 USA

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

8. Name and Address of Current Registered Agent

Name  
Jorg Rivera

Street Address (P.O. Box Number is Not Acceptable)  
8886 Venezia Plantation Dr

Suite, Apt. #, Etc.

City  
Orlando

State Zip Code  
FL 32829

500256935115  
02/19/14--01021--022 \*\*125.00

500256935115  
02/19/14--01021--021 \*\*138.75

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

*Jorg Rivera*  
REGISTERED AGENT MUST SIGN

Date 1/31/14

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	Jorg Rivera	8886 Venezia Plantation Dr	Orlando FL 32829

11. E-mail Address: jorgrivera2010@hotmail.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Jorg Rivera* Date 1/31/14 Daytime Phone # 321-206-8108

Typed or printed name of signing Authorized Representative/Manager Jorg Rivera

RC 2/20/14