


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 19 PM 2:57

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 II, LLC
L06000073138

2. Principal Office Address - No P.O. Box # 8886 Venezia Plantation Dr		3. Mailing Office Address 8886 Venezia Plantation Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32829	Country USA	Zip 32829	Country USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
7/24/2008

6. FEI Number 205255607	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

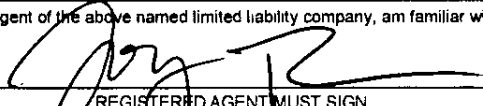
Suite, Apt. #, Etc.

City Orlando	State FL	Zip Code 32829
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700256935197
02/19/14--01021--024 **138.75

700256935197
02/19/14--01021--023 **125.00

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  Date 1/31/14

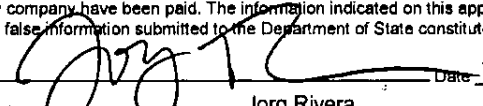
REGISTERED AGENT MUST SIGN

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	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  Date 1/31/14 Daytime Phone # 321-206-8108

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

Rg. 2/26/14