

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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2015 AUG 12 PM 3:27

SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 12000124806

1. Limited Liability Company's Name
ORFORILAND FL LLC

2. Principal Office Address - No P.O. Box # <u>165 N Redwood Dr</u>		3. Mailing Office Address <u>same</u>	
Suite, Apt. #, etc. <u>150</u>		Suite, Apt. #, etc.	
City & State <u>SAN RAFAEL</u>		City & State <u>CALIFORNIA</u>	
Zip <u>94903</u>	Country <u>USA</u>	Zip <u>94903</u>	Country

CR2ED41 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida
9/28/2012

6. FBI Number
46-4192447

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name
FLORIDA FILING & SEARCH SERVICES

Street Address (P.O. Box Number is Not Acceptable)
155 OFFICE PLAZA DRIVE STE A

City
TALLAHASSEE

State
FL

Zip Code
32301

300276015483
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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 606, F.S.

Signature of Registered Agent Abbie Hodge Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>MNG MGR.</u>	<u>ADIEL GOREL</u>	<u>165 N. Redwood 150</u>	<u>SAN RAFAEL CA 94903</u>

11. E-mail Address: GOREL@ICGRE.COM

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 606, 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 606.0012, 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. 817.165, F.S.

Signature of authorized representative/member [Signature] Date 8/14/15 Daytime Phone # 415927-7504

Typed or printed name of signing authorized representative/member ADIEL GOREL, MNG MGR

AUG 12 2015

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