

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 APR 19 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999-2002

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # L98000002380
1. Limited Liability Company's Name
Lakeland Tract Development, LLC

2. Principal Office Address <u>PO BOX 8017</u>		3. Mailing Office Address <u>PO BOX 8017</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Somerville NJ</u>		City & State <u>Somerville NJ</u>	
Zip <u>08876</u>	Country <u>USA</u>	Zip <u>08876</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida, USA</u>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <u>22-3619116</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>Bruce Baldinger</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3543 S. Ocean Blvd. # 101</u>	
Suite, Apt. #, Etc.	
City <u>South Palm Beach</u>	State <u>FL</u>
Zip Code <u>33480</u>	

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 4/2/02
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
<u>MEM</u>	<u>Bruce Baldinger</u>	<u>1065 Rt 22 W</u>	<u>Bridgewater, NJ 08807</u>

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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 4/2/02 Daytime Phone # 908-218-0060
Typed or printed name of signing Managing Member/Manager Bruce E. Baldinger