

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000002380

Name and Mailing Address

001539B 01 MB 0.309 **AUTO T7 0 0615 08876-801717



LAKELAND TRACT DEVELOPMENT, LLC
P.O. BOX 8017
SIMERVILLE NJ 08876-8017

200026323452
01/07/04--01020--022 **200.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip SOMERVILLE, N.J. 08876-8017		5. Date Organized or Qualified To Do Business in Florida 10/22/1998	
Principal Place of Business P.O. BOX 8017 SIMERVILLE NJ 08876	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 22-3619116	Applied For Not Applicable
8. Name and Address of Current Registered Agent BELDINGER, BRUCE 3543 S. OCEAN BLVD. #101 SOUTH PALM BEACH FL 33480		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 REGISTERED AGENT MUST SIGN Date 1-2-04			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BALDINGER, BRUCE	1065 RT 22 WEST	BRIDGEWATER NJ 08807
12. 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		Date 1-2-04	Daytime Phone # 908-218-0060
Typed or printed name of signing Managing Member/Manager BRUCE E. BALDINGER			

CR2E034 (7/03)

REINSTATEMENT 03-04