PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.,

APPLICATION FOR REINSTATEMENT



0015398 01 MB 0.309 **AUTO T7 0 0615 08876-801717

Markaldakkedikkidakkaalkaalkaalkaalka LAKELAND TRACT DEVELOPMENT, LLC

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT# L98000002380

P.O. BOX 8017

SIMERVILLE NJ 08876-8017

Name and Mailing Address

FILED

04 JAN -7 AM 9: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

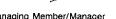
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2. New Mailing Address				State/Country of Formation FL		
SOMERVILLE N.J. 08876-8017				5. Date Organized of Qualified To Do Business in Florida 10/22/1998		
Principal Place of Business P.O. BOX 8017 SIMERVILLE NJ 08876		New Principal Place of Business Address		6. FEI Number 22-3619116		Applied For Not Applicable
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status		
	8. Name and Address of Current	Name and Address of New Registered Agent				
BELDINGER, BRUCE			Name			
354	43 S. OCEAN BLVD. #101 OUTH PALM BEACH FL 33480	Street Addr		ss (P.O. Box Number is Not Acceptable)		
			City Zip Code			
					···	
l	ng appointed the registered agent of the al	cove named limited liability company,	am familiar with ar	nd accept the oblig		
Signature of Registered /	Agent	HERE PLEVIAL	.		Date	2-04
		EGISTERED AGENT MUST SIGN			<u> </u>	
11. Names	s and Street Addresses of Each Managing Name of Managing		et Address of Eacl			
Title(s)	Members/Managers		et Address of Each ging Member/Mana		City / State / Zip	
MGRM	BALDINGER, BRUCE	1065 RT 22 V	1065 RT 22 WEST		BRIDGEWATER NJ	1 08807 - :: . :
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			**		\mathcal{C}	<i>Y</i>

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.

Managing Member/Manage



Date 1-2-01 Daytime Phone # 908-218-0060

BALDINGER BRUCE Typed or printed name of signing Managing Member/Manager