

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 AM 9:17

DOCUMENT # L00000008536

1. Limited Liability Company's Name

Higgins Land Holdings, L.L.C.

2. Principal Office Address

211 North Magnolia Avenue

Suite, Apt. #, etc.

City & State

Orlando

Zip

32801

Country

U.S.A.

3. Mailing Office Address

211 North Magnolia Avenue

Suite, Apt. #, etc.

City & State

Orlando

Zip

32801

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

07/13/2000

6. FEI Number

59-3658782

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

David A. Yergey, Jr., Esquire

Street Address (P.O. Box Number is Not Acceptable)

211 North Magnolia Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date January 11, 2007

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
MGR	David A. Yergey, Jr., Personal Representative	211 North Magnolia Avenue	Orlando, Florida 32801

REINSTATEMENT

03-07

100085029721

01/18/07=01042-023 **355.00

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

Date January 11, 2007

Daytime Phone # 407-843-0430 x303

Typed or printed name of signing Managing Member/Manager David A. Yergey, Jr., Personal Representative of the Estate of James S. Higgins

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 AM 9:17

IN THE CIRCUIT COURT IN AND FOR
LAKE COUNTY, FLORIDA

PROBATE DIVISION

CASE NO.: 2006-CP- 1578-WL

IN RE: ESTATE OF

JAMES S. HIGGINS,

Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN:

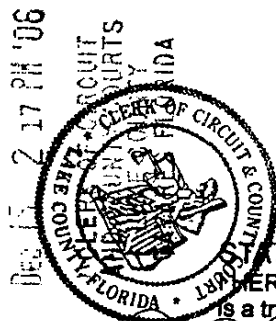
WHEREAS, JAMES S. HIGGINS, a resident of Lake County, Florida, died on November 5, 2006, owning assets in the State of Florida, and

WHEREAS, DAVID A. YERGEY, JR., has been appointed Personal Representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare DAVID A. YERGEY, JR., duly qualified under the laws of the State of Florida to act as Personal Representative of the estate of JAMES S. HIGGINS, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

DONE and ORDERED in Chambers in Tavares, Lake County this 15 day of

Dec, 2006.



[Signature]
CIRCUIT JUDGE

MV
#13

STATE OF FLORIDA, COUNTY OF LAKE
HEREBY CERTIFY, that the above and foregoing
is a true copy of the document filed in this office.

JAMES S. WATKINS, Clerk Circuit Court
By [Signature] Deputy Clerk

Dated 12/15/06