PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 DEC 17 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008618

1. Limited Liability Company's Name
GREGG FAMILY LAND COMPANY, LLC

2. Principal Office Address	**3.** Mailing Office Address
1616 S. 14TH STREET	1616 S. 14TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEESBURG, FL	City & State: LEESBURG, FL
Zip: 34748 Country: USA	Zip: 34748 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 59-3660361 ☐ 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
JONES, GARY L

100004739611--3
-12/26/01--01069--028
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable)
1616 S. 14TH STREET

Suite, Apt. #, Etc.

City: LEESBURG State: FL Zip Code: 34748

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 Gary Jones REGISTERED AGENT MUST SIGN Date

CR2E041 (9/01)

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
MGRM	GREGG ENTERPRISES, INC.	1616 S. 14TH STREET	LEESBURG, FL 34748

REINSTATEMENT

dcs

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 Gary Jones, CFO Date 11/15/01 Daytime Phone # 352 365 6522

Typed or printed name of signing Managing Member/Manager