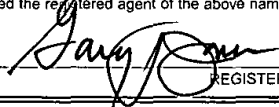
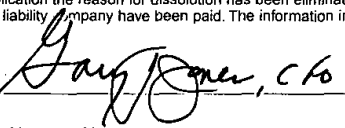


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 1616 S. 14TH STREET Suite, Apt. #, etc. City & State LEESBURG, FL Zip Country 34748 USA		3. Mailing Office Address 1616 S. 14TH STREET Suite, Apt. #, etc. City & State LEESBURG, FL Zip Country 34748 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 ☐ \$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name JONES, GARY L			
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  Date _____ 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
MGRM	GREGG ENTERPRISES, INC.	1616 S. 14TH STREET	LEESBURG, FL-34748
REINSTATEMENT 01 dec			
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 11/15/01 Daytime Phone # 352 365 6522	
Typed or printed name of signing Managing Member/Manager _____			

CR2ED01 (9/01)