

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-13611

1. Limited Liability Company's Name

R M S LAND COMPANY LLC

2. Principal Office Address

4101 W COLONIAL DR

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32808

Country

USA

3. Mailing Office Address

4101 W COLONIAL DR

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32808

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

1-1--1

6. FEI Number

59-3696408

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

STEWART O SMITH

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

463 WILFORD AVE

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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 10-16-01

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
MEMBER	STEWART O. SMITH	463 WILFORD AVE	LONGWOOD FL 32750
MEMBER	ROBERTA E. SMITH	141 VARIETY TREE CIRCLE	ALTAMONTE SPRINGS FL 32714
MEMBER	MICHAEL L. SMITH	345 NEBRASKA AVE	LONGWOOD FL 32750

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 10-16-01 Daytime Phone # 407-299-1120

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)