

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015696

Name and Mailing Address

0002985 01 FP 0.352 **PRSRT T9 0 0615 33180-284228



R & J LAND COMPANY, L.C.
2875 N.E. 191 STREET, STE 008
AVENTURA FL 33180-2842



2. New Mailing Address 2099 NW PINETREE WAY City, State, Zip STUART, FL 34994		4. State/Country of Formation FL	
Principal Place of Business 2099 PINE TREE WAY STUART FL 34994		5. Date Organized or Qualified To Do Business in Florida 12/18/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1062213 APPLIED FOR	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent LEVY, ROBERT I 2099 PINE TREE WAY STUART FL 34994		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LEVY, ROBERT	2099 NW PINE TREE WAY	STUART FL

300008715483
10/31/02--01010--010 **50.00

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.

Signature of Managing Member/Manager Date 11/7/02 Daytime Phone # 561 692 2351

Typed or printed name of signing Managing Member/Manager

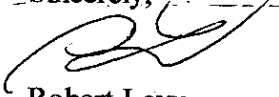
October 23, 2002

Florida Division of Corporations
Tallahassee, Florida

To Whom It May Concern:

Please accept this letter as a request for reinstatement for R&J Land Corporation. As you can see from the enclosed application for reinstatement the mailing address was incorrectly coded and thus I did not receive the renewal notice. I have discussed this with a representative from your office who stated that they would waive the penalty fees involved. Please call me if you have any questions or concerns. Thanking you in advance.

Sincerely,



Robert Levy
2099 NW Pinetree Way
Stuart, Fl 34994
772-692-2351
r-levy@msn.com

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TALLAHASSEE, FLORIDA