

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -1 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000 566

1. Limited Liability Company's Name

Diversified Land Marketing Group LLC

800024410898

11/04/03--11/04/03--004 \*\*205 00

2. Principal Office Address

1988 Hwy 301 N

Suite, Apt. #, etc.

3. Mailing Office Address

POB 1012

Suite, Apt. #, etc.

City & State

Sumterville, FL

City & State

Coleman, FL

Zip

33585

Country

USA

Zip

33521

Country

USA

4.

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

11/11/2001

6. FEI Number

☒ 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

Leonard Northup

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

1988 Hwy 301 N

Suite, Apt. #, Etc.

City

Sumterville, FL 33585

State

FL

Zip Code

33585

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

LE Northup

REGISTERED AGENT MUST SIGN

Date 10/31/03

**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	Leonard Northup	1988 Hwy 301 N	Sumterville, FL 33585
mgr	Lonnice Edwards	6901 NW 193 <sup>rd</sup> St	Orange Lake, FL 32681

REINSTATEMENT

02-03 aw  
dcc

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

LE Northup

Date 10/31/03

Daytime Phone # 352 748-7025

Typed or printed name of signing Managing Member/Manager

Leonard Northup

CR2E041 (10/02)