


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -5 AM 10:45

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000002692

1. Limited Liability Company's Name
FLORANDA MOBILE PARK, LLC

900061914409
12/05/05--01063--012 **200.00

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida **02/20/01**

6. FEI Number **58-2614323**

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

2. Principal Office Address
2121 N.W. 29TH CT.

3. Mailing Office Address
370 E. MAPLE RD.

Suite, Apt. #, etc.
3RD FLOOR

City & State
FT. LAUDERDALE BIRMINGHAM, MI

Zip Country
33311 USA 48009 USA

8. Name and Address of Current Registered Agent

Name
RIVERSTONE COMMUNITIES

Street Address (P.O. Box Number is Not Acceptable)
2121 N.W. 29TH CT.

Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State Zip Code
FL 33311

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 [Signature] Date 10/21/05

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	BELLINSON, JAMES L.	370 E. MAPLE, 3RD FLOOR	BIRMINGHAM, MI 48009
MGMR	PETERSON, DOUGLAS	4180 SOUTHWEST 53RD AVE	DAVIE, FL 33314

REINSTATEMENT 04-05

11. I certify that I am managing member/manager of 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 [Signature] Date 11/21/05 Daytime Phone # 218 988 8815

Typed or printed name of signing Managing Member/Manager [Name]