

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 25 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

LANDVIEW DEVELOPMENT, LLC

2. Principal Office Address

4484 Highland Park

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34235

Country

USA

3. Mailing Office Address

4484 Highland Park

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34235

Country

USA

REINSTATEMENT

2002

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/26/01

6. FEI Number

65-1078930

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

David S. Maglich

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

1515 Ringling Boulevard

Suite, Apt. #, Etc.

10th Floor

City

Sarasota

State  
FL

Zip Code  
34236

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

*David S. Maglich*

REGISTERED AGENT MUST SIGN

Date 11/18/02

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	John E. Williams	6123 Stillwater Court	Bradenton, FL 34201
MGRM	Ronald E. Jackson	4484 Highland Park	Sarasota, FL 34235

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

*John Williams*

Date 11-22-02 Daytime Phone# (941) 957-1900

Typed or printed name of signing Managing Member/Manager John E. Williams

CR2041 (2/01)