

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000008528**

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 OCT 29 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008528

Name and Mailing Address

0006602 01 FP 0.352 \*\*PSRT TO 0 0615 33802-822929



LAND ONE DEVELOPMENT, LLC  
POST OFFICE BOX 8229  
LAKELAND FL 33802-8229



|  |                                   |   |                    |
|--|-----------------------------------|---|--------------------|
| <b>2. New Mailing Address</b><br>Post Office Box 1746<br>City, State, Zip: Lakeland, FL 33802  |                                   | <b>4. State/Country of Formation</b><br>FL  |                    |
| <b>Principal Place of Business</b><br>124 SOUTH FLORIDA AVENUE<br>LAKELAND FL 33801  |                                   | <b>5. Date Organized or Qualified To Do Business in Florida</b><br>05/25/2001   |                    |
| <b>3. New Principal Place of Business/Address</b><br>City, State, Zip  |                                   | <b>6. FEI Number</b><br>59-3722540  |                    |
| <b>8. Name and Address of Current Registered Agent</b><br>PHILPOT, BRIAN G<br>124 SOUTH FLORIDA AVENUE<br>LAKELAND FL 33801  |                                   | <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>  |                    |
| <b>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.</b><br>Signature of Registered Agent: <i>[Signature]</i><br>REGISTERED AGENT MUST SIGN |                                   | <b>9. Name and Address of New Registered Agent</b><br>Name: <i>[Signature]</i><br>Street Address (P.O. Box Number is Not Acceptable): 900008671369<br>City: 10/29/02--01039--023 **100.00<br>Zip Code: 01/23/02 9 0084 FL 33801 50.00 |                    |
| <b>11. Names and Street Addresses of Each Managing Member/Manager</b>  |                                   |   |                    |
| Title(s)   | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager  | City / State / Zip |
| member   | Land One Capital, LLC             | P.O. Box 1746   | Lakeland, FL 33802 |
| manager  | Land One Properties, Inc.         | P.O. Box 1746   | Lakeland, FL 33802 |
| <i>[Signature]</i>   |                                   |   |                    |

CR2E084 (8/02)

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: *[Signature]* Date: 10/25/02 Daytime Phone #: 863-802-0771

Typed or printed name of signing Managing Member/Manager: Brian G. Philpot, President Land One Properties, Inc.