

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

OFFICE OF THE SECRETARY OF STATE  
JIM MITCHELL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000008529

Name and Mailing Address

0006601 01 FP 0.352 \*\*PRSR TO 0 0615 33802-822929



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

FILED  
02 OCT 29 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address Post Office Box 1746 City, State, Zip Lakeland, FL 33802-1746		4. State/Country of Formation FL	
Principal Place of Business 124 SOUTH FLORIDA AVENUE LAKELAND FL 33801		5. Date Organized or Qualified To Do Business in Florida 05/25/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3722541	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PHILPOT, BRIAN G 124 SOUTH FLORIDA AVENUE LAKELAND FL 33801		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300008671323 10/29/02--01099--022 **100.00 City 01/23/02 9.0047 005 FL Zip Code #50.00	
--	--	---	--

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 *[Signature]* Date 10/25/02

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
member	Land One Capital, LLC	Post office Box 1746 Lakeland, FL 33802	
manager	Land One Properties, Inc	post office Box 1746	Lakeland, FL 33802
REINSTATEMENT 2002			
10/30/02			

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

CR2E084 (8/02)