

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 DEC 28 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000013959

1. Limited Liability Company's Name

Land Castle Diversified LLC

CR2E041 (11/10)

2. Principal Office Address - No P.O. Box #

141 E Central Ave

Suite, Apt. #, etc.

Suite 300

City & State

Winter Haven, Fla

Zip

33884

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33884

Country

4. State/Country of Formation

FLA. USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3737872

☐ 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

Philip Castleberg

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

141 E Central Ave

Suite, Apt. #, Etc.

Suite

City

Winter Haven

State

FL

Zip Code

33884

200215576972
12/28/11--01002--004 **377.50
200215576972
12/28/11--01002--005 **5.00

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

Philip Castleberg

REGISTERED AGENT MUST SIGN

Date 12/28/11

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
MEM	Philip Castleberg	141 E Central Ave	Winter Haven, Fla 33884
MEM	Ben Castleberg	141 E. Central Ave	Winter Haven, Fla 33884

REINSTATEMENT
2010-2011

J. SAULSBERRY
EXAMINER

DEC 28 2011

11. E-mail Address: DOVEHR@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Managing Member/Manager

Philip Castleberg

Date 12/28/11

Daytime Phone # 407-842-9415

Typed or printed name of signing Managing Member/Manager