

LO1000018948

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -7 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000018948

1. Limited Liability Company's Name

M.A. Land Development, L.C.

2. Principal Office Address

1801 Gulf Boulevard

Suite, Apt. #, etc.

City & State

Bellaire Beach, Florida

Zip

33786

Country

USA

3. Mailing Office Address

1801 Gulf Boulevard

Suite, Apt. #, etc.

City & State

Bellaire Beach, Florida

Zip

33786

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/02/01

6. FEI Number

71-0866969

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

George Amentas

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

1801 Gulf Boulevard

100021338731

07/07/03--01028--006 **205.00

Suite, Apt. #, Etc.

City

Bellaire Beach

State

FL

Zip Code

33786

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]

REGISTERED AGENT MUST SIGN

Date 5-29-03

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
MM	Amentas Revocable Trust	1801 Gulf Boulevard	Bellaire Beach, Florida 33786

REINSTATEMENT

05-03-03
dce

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

[Signature]

Date 5-29-2003

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Irene Amentas, trustee of the Amentas Revocable Trust u/t/d 10/13/99

CR2E041 (10/02)