. INSTRUCTIONS BEFORE COMPLETING THIS FORM. DIVISION OF CORPORATIONS

SECREDITIONS DIVISION OF CORPORATIONS

1. DOCUMENT #

L02000003832

Name and Mailing Address

0010351 01 AT 0.292 **AUTO H8 0 0615 33811-241835 hellenlbledendlæddelbledenkladenkoldenlll REAL LAND, LLC 6835 FORESTWOOD DRIVE WEST LAKELAND FL 33811-2418

03 DEC 29 AM 10: 55



EINSTATEMENT 2003 2. New Mailing Address City, State, Zip							
				4. State/Coun	State/Country of Formation FL		
				5. Date Organized or Qualified To Do Business in Florida 02/18/2002			
683	ace of Business B5 FORESTWOOD DRIVE WEST	3. New Principal Place of Bus	New Principal Place of Business Address		r	Applied For Not Applicable	
LAKELAND FL 33811		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 35.00 Additional Fee requirements for a Certificate of Status			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
WORKMAN, MICHAEL E ESQUIRE CLARK, CAMPBELL & MAWHINNEY, P.A. 500 SOUTH FLORIDA AVENUE, SUITE 800 LAKELAND FL 33801			Name	Name			
			Street Address (P.O. Box Number is Not Acceptable)				
ĻAI	CLEAND FE 3360?		City			FL Zip Code	
Signature of Registered	Agent REC	TURE RESTRICT	NAC			- <i>0</i> 3	
.1. Names	and Street Addresses of Each Managing	"" " 					
Title(s)	Name of Managing Members/Managers		treet Address of Ea naging Member/Ma		City	/ State / Zip	
Pres	Ron C. LeStour	Geon 68357	Forestwo	ood Dr W	Lockeland	F! 33811	
					0025819 301058016	1775 8 **155.00	
.2. I certify	that I am managing member/manager or s reinstatement application the reason for cowed by the limited liability company have ade under oath.	he receiver or trustee empowere	d to execute this a	pplication as provide	d for in chapter 608, F.S.	S. I further certify that when	

Managing Member/Manage Typed or printed name of signing Managing Manager Date 10-28-13 Daytime Phone # 863-660-6429