PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 25 PM 3:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02 00000 4441

1. Limited Liability Company's Name
BAKER LAND I, LLC

2. Principal Office Address	**3.** Mailing Office Address
1217 AIRPORT ROAD	1217 AIRPORT ROAD
Suite, Apt. #, etc.: 419	Suite, Apt. #, etc.: 419
City & State: DESTIN FLORIDA	City & State: DESTIN FLORIDA
Zip: 32541 Country:	Zip: 32541 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 2/2/2002

6. FEI Number: 59-3753948 ☐ 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: RUPERT E. PHILLIPS
Street Address (P.O. Box Number is Not Acceptable): 1217 AIRPORT ROAD
Suite, Apt. #, Etc.: 419
City: DESTIN
State: FL Zip Code: 32541

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 _____ REGISTERED AGENT MUST SIGN Date 4-20-05

CR2E041 (10/02)

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
MGRM	McPHIL LAND HOLDINGS LLC	1217 AIRPORT ROAD, #419	DESTIN, FLORIDA 32541
			700054239117
			05/10/05--01109--007 **250.00

2003-2005

REINSTATEMENT

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 with the 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 _____ Date 4/20/05 Daytime Phone # 850-650-5201

Typed or printed name of signing Managing Member/Manager RUPERT E. PHILLIPS