

L02000004442

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP -3 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004442

1. Limited Liability Company's Name

BAKER LAND II LLC

2. Principal Office Address

1713 GIANT SYCAMORE LN

Suite, Apt. #, etc.

City & State

BAKER FL

Zip

32531

Country

OKALOOSA

3. Mailing Office Address

1217 AIRPORT ROAD

Suite, Apt. #, etc.

419

City & State

DESTIN FL

Zip

32541

Country

OKALOOSA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

2-22-02

6. FEI Number

74-3030445

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

400040807804

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

1713 GIANT SYCAMORE LANE

Suite, Apt. #, Etc.

City

BAKER

State

FL

Zip Code

32531

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

*Rupert E Phillips*

REGISTERED AGENT MUST SIGN

Date

9/1/04

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	McPHIL LAND HOLDINGS INC	1217 AIRPORT RD #419	DESTIN, FL 32541

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

*Rupert E Phillips*

Date

9/1/04

Daytime Phone#

(850) 650-5201

Typed or printed name of signing Managing Member/Manager

RUPERT E PHILLIPS

CR2E041 (10/02)