PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 JAN -6 AM 8:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000005068

1. Limited Liability Company's Name
Alpha II Landcorp Holding, LLC

2. Principal Office Address	3. Mailing Office Address
P.O. BOX # 245462	P.O. BOX # 245462
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33024-5462 Country: USA	Zip: 33024-5462 Country: USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: 2/22/02
6. FEI Number: 65-0618848 ☐ 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: Donald Medalie
Street Address (P.O. Box Number is Not Acceptable): 1401 E. Broward Blvd
Suite, Apt. #, Etc.: Suite # 206
City: Fort Lauderdale State: FL Zip Code: 33301

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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: Donald Medalie Date: 12-30-03
REGISTERED AGENT MUST SIGN

CR2E041 (10/00)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	DONOVAN DALEY	10633 ZURICH Street	Cooper City, FL. 33026

REINSTATEMENT 2003-04

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 608.408, 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: Donovan Daley Date: 12/30/03 Daytime Phone #: 954-483-4545

Typed or printed name of signing Managing Member/Manager: Donovan Daley