DEC-30-2003 TUE 05:01 PM KELLEY HERMAN SMITH FAX NO. 954 522 0396 P. 02
12/30/03 TUE 14:14 FAX 305 589 5733 FACTORING DIVISION 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 JAN -6 AM 8:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000005152

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

500026055615
01/06/04--01007--004 **400.00

2. Principal Office Address: P.O. Box 245462
Suite, Apt. #, etc.:
City & State: Pembroke Pines
Zip: 33024 Country:

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

4. State/Country of Formation: Florida, USA

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

6. FEI Number: 01-0618881 ☐ 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

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] Date 12-30-03
REGISTERED AGENT MUST SIGN

CR2E011 (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/ President	Donnovan McGinley	650 SW 68 Ave	Pembroke Pines FL 33023

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 608.406, 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 12-30-03 Daytime Phone # 954 394 0424

Typed or printed name of signing Managing Member/Manager: ____________________