

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000006975

1. Limited Liability Company's Name

A & P Land Holdings, LLC

2. Principal Office Address

2021 North East Ave.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

U.S.

3. Mailing Office Address

P. O. Box 35218

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32412

Country

U.S.

4. State/Country of Formation

Florida

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

03/20/02

6. FEI Number

01-0666943

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

FILED

2004 APR 15 PM 3:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

503080907840

03-18-2003 90150 021 \$50.00

8. Name and Address of Current Registered Agent

Name

Jeffrey P. Whitton

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

565 Harrison Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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 04/14/04

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
MGRM	Greg Abrams	2021 North East Avenue	Panama City, FL 32405

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**

Date 04/14/04 **Daytime Phone #** (850) 769-4658

Typed or printed name of signing Managing Member/Manager

Greg Abrams

CR2E041 (10/02)