PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -4 AM 9:06

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033193

1. Limited Liability Company's Name
Robinson Land Enterprise, LLC

300028215333
02/09/04--01048--011 **50.00

2. Principal Office Address	3. Mailing Office Address
272 Regal Downs Circle	272 Regal Downs Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden, FL	City & State: Winter Garden, FL
Zip: 34787 Country:	Zip: 34787 Country:

4. State/Country of Formation: Florida/United States of America

5. Date Organized or Qualified To Do Business in Florida: 12/11/2002

6. FEI Number: 76-0730016 ☐ 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: David S. Cohen

Street Address (P.O. Box Number is Not Acceptable): 5728 Major Blvd.

Suite, Apt. #, Etc.: Suite 550

City: Orlando State: FL Zip Code: 32819

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 _____ Date 1/28/04
REGISTERED AGENT MUST SIGN

CR/GD41 (10/02)

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
MGR	Sharon Wallace	272 Regal Downs Circle	Winter Garden, FL 34787
	REINSTATEMENT 2003-2004	02/04/04 01052 013 $150	
	Cut 2/4	300028215333	

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 requirments 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 Sharon Wallace Date 1/28/04 Daytime Phone # 407-354-3126

Typed or printed name of signing Managing Member/Manager _____