

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 28 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO3000008458

1. Limited Liability Company's Name

Landloc, LLC

900089680849
02/28/07--01011--004 **330.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 17555 Collins Ave. Suite, Apt. #, etc. 3102 City & State Sunny Isles Beach, FL Zip 33160 Country USA		3. Mailing Office Address 17555 Collins Ave. Suite, Apt. #, etc. 3102 City & State Sunny Isles Beach, FL Zip 33160 Country USA	
---	--	---	--

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 3/07/03	
6. FEI Number 42-1594999	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name JON JAY FERDINAND, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 100 W. Cypress Creek Rd.			
Suite, Apt. #, Etc. #910			
City Fort Lauderdale	State FL	Zip Code 33309	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Jon Jay Ferdinand
REGISTERED AGENT MUST SIGN

Date 2/21/07

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
MGR.	Richard Fero	17555 Collins Ave, #3102	Sunny Isles Beach, FL. 33160

REINSTATEMENT 04-07

(J) 2/21/07

*#300-ADM
#5-CUS*

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

Richard Fero

Date 2-2-07

Daytime Phone # 305-333-5198

Typed or printed name of signing Managing Member/Manager

Richard Fero