

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 203000019714

1. Limited Liability Company's Name

Mexico Beach Land and Development, LLC

FILED

09 AUG 25 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500159888635
08/24/09--01062--003 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 407 Texas Drive		3. Mailing Office Address 407 Texas Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mexico Beach, Florida		City & State Mexico Beach, Florida	
Zip 32456	Country US	Zip 32456	Country US

4. State/Country of Formation Florida, United States	
5. Date Organized or Qualified To Do Business in Florida February 20, 2007	
6. FEI Number 550834785	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Jeremy T.M. Novak, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Novak Law Offices, PLLC

Suite, Apt. #, Etc.
209 7th Street


City
Port St Joe

State
FL

Zip Code
32456

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.

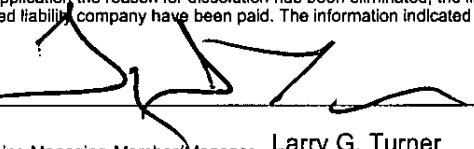
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date 8/05/09

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	Larry G. Turner	407 Texas Drive	Mexico Beach, Florida 32456
MGRM	Thad Williams	14 Highway 98	Mexico Beach, Florida 32465
REINSTATEMENT 08-09			

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 8/10/09 Daytime Phone # 850-229-4700

Typed or printed name of signing Managing Member/Manager Larry G. Turner