

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2004 NOV 23 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000046155**

1. Limited Liability Company's Name

Florida Land Acquisitions, LLC

2. Principal Office Address

25 North Main Street

Suite, Apt. #, etc.

City & State

Assonet, MA

Zip

02702

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

11/20/2003

6. FEI Number

75-3137106

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

William D. Talbert II

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

8 Via Capri

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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

*William D. Talbert II*

Date **11/3/04**

REGISTERED AGENT MUST SIGN

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	Paul H. Beaulieu	23 Swing Drive	Berkley, MA 02779
MGRM	J. N. Stalter	5620 No Harbor Village Drive	Vero Beach, FL 32967
MGRM	Elaine P Breakstone	20 Club Point Drive	White Plains, NY 10605
MGRM	Robert N Lelle	24 Glenview Drive	Southampton, NY 11968

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

*Paul H. Beaulieu*

Date **10-25-04**

Daytime Phone # **508-644-9955**

Typed or printed name of signing Managing Member/Manager

**PAUL H. BEAULIEU**

CR2E041 (10/02)