

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

09 JAN 13 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500139132515
12/18/08--01026--005 **50.00

CR2E041 (12/07)

DOCUMENT # 203000048075
1. Limited Liability Company's Name

C. & D. LAND Clearing, LLC			
2. Principal Office Address - No P.O. Box # 1699 PRIDEAUX RD.		3. Mailing Office Address 1699 PRIDEAUX RD.	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State OSTEEN, FL.		City & State OSTEEN, FL.	
Zip 32764	Country Volusia	Zip 32764	Country Volusia

4. State/Country of Formation
FLORIDA - USA

5. Date Organized or Qualified To Do Business in Florida 1984

6. FEI Number	Applied For
20-2918453	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 DANIEL CLAY VEINO

Street Address (P.O. Box Number is Not Acceptable)
1699 PRIDEAUX RD.

Suite, Apt. #, Etc.

City OSTEEN

State FL

Zip Code 32764

☒ 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 Clay J. Lind Date 12-15-08
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 OWNER	DANIEL C. VEINO		200139530372 01/06/09-01007-019-**-58.75
	1699 PRIDEAUX RD		
	OSTEEN, FL. 32764		np 1/15
	MGRM		
		REINSTATEMENT	2008 without penalty 2008

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 Clay J. Smith Date 12-15-08 Daytime Phone # 407-323-7460

Typed or printed name of signing Managing Member/Manager