

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 17 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200145570922
03/11/09--01026--016 **798.75

CR2E041 (10/08)

DOCUMENT # L04000005774

1. Limited Liability Company's Name

Land Trust Three, L.L.C.

2. Principal Office Address - No P.O. Box #

745 SE Monterey Road

Suite, Apt. #, etc.

City & State

Stuart, Florida 34994

Zip

34994

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 01/16/2004

6. FEI Number

80-0362401

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

A. Wayne Sloat

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

745 SE Monterey Road

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

☐ 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

3/9/09

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	A. Wayne Sloat	745 SE Monterey Road	Stuart, Florida 34994

REINSTATEMENT

2005-09

JB

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

3/9/09

Daytime Phone# (772) 287-0456

Typed or printed name of signing Managing Member/Manager A. Wayne Sloat