L04000017966

FILED
2006 MAR -3 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

400067033064

CR2E041 (8/05)

DOCUMENT # L04000017966

1. Limited Liability Company's Name
FED LAND PARTNERS LLC

06

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2499 GLADES ROAD | 2499 GLADES ROAD |
| Suite, Apt. #, etc. SUITE 305A | Suite, Apt. #, etc. SUITE 305A |
| City & State BOCA RATON FL | City & State BOCA RATON FL |
| Zip 33431 Country US | Zip 33431 Country US |

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 20-0822501 ☐ 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 JOHN P. MILLER

Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES ROAD

Suite, Apt. #, Etc. SUITE 305A

City BOCA RATON State FL Zip Code 33431

**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 _____ Date 3-2-06

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 | EURONEVIS AMERICAN INVESTMENTS LLC | 2499 GLADES ROAD SUITE 305A | BOCA RATON FL 33431 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2006

**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 3-2-06 Daytime Phone # 561-368-9777

Typed or printed name of signing Managing Member/Manager JOHN P. MILLER, AUTHORIZED REPRESENTATIVE

CORPORATION SERVICE COMPANY

L04000017966

ACCOUNT NO. : 072100000032

REFERENCE : 899717 124904A

AUTHORIZATION :

COST LIMIT : $ 150.00

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ORDER DATE : March 3, 2006

ORDER TIME : 11:56 AM

ORDER NO. : 899717-015

CUSTOMER NO: 124904A

FILED
2006 MAR -3 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOMESTIC FILINGS

NAME: FED LAND PARTNERS LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Jamela Fordyce - Ext# 2936

EXAMINER'S INITIALS _____