

**L04000019761**

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 19 PM 1:19

DOCUMENT # L04000019761

1. Limited Liability Company's Name

**METRO LAND HOLDINGS, L.L.C.**

300106615663  
07/24/07--01017--025 \*\*150.00  
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>1100 E. Moody Blvd</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>6 Tory Road</b> Suite, Apt. #, etc.	
City & State <b>Bunnell, FL</b>		City & State <b>Riverside, CT</b>	
Zip <b>32110</b>	Country <b>USA</b>	Zip <b>06878</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <b>26-0533956</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
**Sidney M. Nowell**

Street Address (P.O. Box Number is Not Acceptable)  
**1100 East Moody Blvd.**

Suite, Apt. #, Etc.

City  
**Bunnell**

State  
**FL**

Zip Code  
**32110**

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 *Sidney M. Nowell* Date 7/16/07

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	Michael T. Ungaro	6 Tory Road	Riverside, CT 06878
MGRM	Dr. Eva Yan Ungaro	6 Tory Road	Riverside, CT 06878
			BLT
			2005-2007

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 *Michael T. Ungaro* Date 7/10/07 Daytime Phone # 718-753-0790

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_