

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000033534

1. Limited Liability Company's Name

BOBCAT LAND COMPANY, LLC

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

8505 IMMOKOLEE ROAD

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip

34951

Country

U.S.A.

3. Mailing Office Address

8505 IMMOKOLEE ROAD

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip

34951

Country

U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

MAY 04, 2004

6. FEI Number

20-1344329

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

THOMAS A. OSTEN

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

131 NORTH 2ND STREET

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34950

☐ 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 2-24-10

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	THOMAS A. OSTEN	8505 IMMOKOLEE ROAD	FORT PIERCE, FL 34951
	L. SELLERS		
	MAR - 5 2010		
	EXAMINER		

REINSTATEMENT

08-
2010

11. E-mail Address: osten@gate.net

(To be used for future annual report notifications)

12. 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

2-24-10

Daytime Phone #

772-461-3363

Typed or printed name of signing Managing Member/Manager

THOMAS A. OSTEN