

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT 24 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000058902**

1. Limited Liability Company's Name

3.5 ACRES LLC

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

12114 DOLPHIN RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 997742

Suite, Apt. #, etc.

City & State

BOKEELIA FL

City & State

MIAMI FL

Zip

33922

Country

Zip

33299

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

08/09/04

6. FEI Number

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

JONATHAN B LASSERS

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

12114 DOLPHIN ROAD

Suite, Apt. #, Etc.

City

BOKEELIA

State

FL

Zip Code

33922

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

Jonathan B Lassar

REGISTERED AGENT MUST SIGN

Date **20 Oct 2008**

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
MRM MGR	JONATHAN B LASSERS	12114 DOLPHIN ROAD	BOKEELIA FL 33922
			300137254593
			10/24/08--01031--005 **\$55.00
			REINSTATEMENT -07-08

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

Jonathan B Lassar

Date **20 Oct 2008**

Daytime Phone #

305-395-4395

Typed or printed name of signing Managing Member/Manager

JONATHAN B LASSERS