

PLEASE READ ALL 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

08 MAR 11 AM 10:11

DOCUMENT # L04000068990

1. Limited Liability Company's Name

Wauchula Land Group, LLC

CR2E041 (12/07)

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

6152 Delancey Station Street

Suite, Apt. #, etc.

Suite 205

City & State

Riverview, FL

Zip

33578

Country

US

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

9/22/2004

6. FEI Number

20-1795134

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

Jeffrey M. Lasman

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

6152 Delancey Station Street

Suite, Apt. #, Etc.

Suite 205

City

Riverview

State

FL

Zip Code

33578

☒ 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 3/3/08

10. Names and Street Addresses of Managing Members/Managers

REINSTATEMENT

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jeffrey M. Lasman	6152 Delancey Station St.	Riverview, FL 33578
MGRM	William R. Atkins	6152 Delancey Station St.	Riverview, FL 33578
MGRM	Richard D. First	6152 Delancey Station St.	Riverview, FL 33578
MGRM	Shane Lueck	6152 Delancey Station St.	Riverview, FL 33578
MGRM	David C. Jansen	6152 Delancey Station St.	Riverview, FL 33578

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

3/3/08

Daytime Phone # 813-681-7725

Typed or printed name of signing Managing Member/Manager William R. Atkins