

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 DEC 11 PM 1:34

DOCUMENT # L04-90849

1. Limited Liability Company's Name

LAND ISSUES, LLC

700112951887
12/07/07--01054--012 **100.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
32 EAST COUNTY HWY 30A

3. Mailing Office Address
32 EAST COUNTY HWY 30A

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
SANTA ROSA BEACH, FL

City & State
SANTA ROSA BEACH, FL

Zip
32459

Country
US

Zip
32459

Country
US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **DECEMBER 16, 2004**

6. FEI Number
20-2018520

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
BRAD CONGLETON CPA, INC.

Street Address (P.O. Box Number is Not Acceptable)
50 UPTOWN GRAYTON CIRCLE

Suite, Apt. #, Etc.
SUITE 15

City
SANTA ROSA BEACH

State Zip Code
FL 32459

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/23/07**

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	BEN LOVELACE	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459
MGRM	BOBBY JOHNSON	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459
MGRM	BRYAN ZINOBER	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459
MGRM	JAMES MOSLEY	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459
MGRM	JIM WALLER	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459
MGRM	LEE BRAMMER	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459

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

[Signature]

Date **10/07/07** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Thomas D Sims III

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC
DIVISION

07 DEC 11 PM 1:34

DOCUMENT #

1. Limited Liability Company's Name

CR2E041 (1/07)

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

☐ 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

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	RANDY BRANHAM	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459
MGRM	TOM WAGNER	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459
MGRM	THOMAS D SIMS	32 E COUNTY HWY 30A #200	SANTA ROSA BEACH, FL 32459

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 10/7/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Thomas D. Sims III