

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LLC
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000005590

1. Corporation Name

Majestic Landfair Group, LLC

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

7350 S. Tamiami Trail

Suite, Apt. #, etc.

300

City & State

Sarasota, FL

Zip

34231

Country

US

3. Mailing Office Address

7350 S. Tamiami Trail

Suite, Apt. #, etc.

300

City & State

Sarasota, FL

Zip

34231

Country

US

300162765593
11/12/09--01021--007 **516.25
CRZE081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 1/18/2005

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark J. Flannagan

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

7350 S. Tamiami Trail, # 300

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-09-2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Mark J. Flannagan	7350 S. Tamiami Trail, # 300	Sarasota, FL 34231

REINSTATEMENT

07-09 [Signature]

10. E-mail Address: mjjproperties@verizon.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

Mark J. Flannagan, MGR

11/09/2009

941-320-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #