2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10/11/06

| DOCUMENT # L05000021530 1. Entity Name GREGORY LAND HOLDINGS, LLC | | | | | | | OCT 18 A | | | |
|--|----------------------------|--|--|--|--|--|-------------------------------|----------------------------|--|--|
| Principal Place of Business | | | Mailing Address | | | | | | | |
| 10436 CR 209 OXFORD, FL 34484 | | | 10436 CR 20 9 0XFORD, FL 34484 | | | 1 | | | | |
| ONI OND, I'E 34404 | | | | | | 9 | | | | (88) (1) (68) |
| 2. Principal P | Place of Busin | ness | 3. Mailing Address | | | | | | | |
| | | | or Walling Addition | | | | | | 71 2.01 0 0100 11311 02 | E.S. E.S. |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 10062006 | REIN-LLC | CR2E | 101 (11/05) | |
| City & State | | | City & State | | | 4. FEI Numb | er | | F + | plied For |
| Zip | Country | | Zip | Country | | Not Applicable S. Certificate of Status Desired | | | | |
| 6. Name and Address of Current | | i Registered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| CDECODY | | | | | Name | | | | | <u> </u> |
| GREGORY, WILLIAM M 10436 CR 209 | | | Street Address | | | (P.O. Box Numb | er is Not Accept | able) | | |
| OXFORD, | FL 34484 | 4 | | | | | | | · | |
| | | | | | City | | | F | Zip Cod | 9 |
| 8. The above | named entit | ty submits this statement fo | r the purpose of changing its | register | ! ed office or registi | ered agent, or bo | th, in the State o | f Florida. I ar | n familiar with, | and accept |
| | tions of regist | tered agent. | 71000 | | | | 1, | 0-11. | -06 | |
| SIGNATURE . | Signature, typed | or printed name of registered agent | and title if applicable (NOT | E: Register | ed Agent signature req | uired when reinstating) | | DATE | | |
| FILE NOW!!! FEE IS \$50.00 In accordance with s. 607. After January 1, 2007, Fee will be \$100.00 liability company did not re | | | | | | | | | | |
| | | | | | | | | /lake check rida Depart | payable to ment of State | . |
| After Janua 9. | ary 1, 2007 | | liability company die | | | | Flo | | ment of State | 3 |
| 9. | MGR | 7, Fee will be \$100.00 MANAGING MEMBE | liability company die | 10. | ceive the prior n | | Flo | rida Depart | ment of State | Addition |
| After Janua 9. | MGR | MANAGING MEMBE | liability company die | 10. TITLE | ceive the prior n | | Flo | rida Depart | ment of State | |
| 9. TITLE NAME | MGR GREGOR 10436 CF | MANAGING MEMBE | liability company die | 10. TITLI NAM STRE | eeive the prior n | | Flo | rida Depart | ment of State | |
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