

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 405000028053

**1. Limited Liability Company's Name**

AVERY LAND COMPANY, LLC

FILED  
08 OCT 28 AM 10:32  
TALLAHASSEE, FL

300137208279  
10/23/08--01021--008 \*\*138.75

CR2E041 (10/08)

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

14124 SMITH SUNDY RD.

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

City & State

"

Zip

"

Country

"

**4. State/Country of Formation**

FL USA

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

03-0602020

☐ 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

RICHARD CRITCHFIELD

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

1001 EAST ATLANTIC AVE.

Suite, Apt. #, Etc.

SUITE 201

City

DELRAY BEACH

State

FL

Zip Code

33483

☒ 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]

Date

REGISTERED AGENT MUST SIGN

**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
MGR.	RICHARD CRITCHFIELD . II	14124 SMITH SUNDY RD.	DELRAY BEACH, FL 33446
MGR.	JENNIFER CRITCHFIELD	14124 SMITH SUNDY RD.	DELRAY BEACH, FL 33446

**REINSTATEMENT  
2008**

**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

Daytime Phone #

Typed or printed name of sign Member/Manager