

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY 27 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600155981906
05/14/09--01013--008 **555.00
CR2E041 (10/08)

DOCUMENT # L05000034024

1. Limited Liability Company's Name

LandCrest LLC

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

1819 SE Killen Ct.
Suite, Apt. #, etc.

3. Mailing Office Address

1819 SE Killen Ct.
Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

Zip

34952

Country

USA

Zip

34952

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4/7/05

6. FEI Number

20-2682804

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

Joseph Tornetta

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

1819 SE Killen Ct.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

☒ 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

Joseph Tornetta
REGISTERED AGENT MUST SIGN

Date 5/14/09

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
<u>M&M</u>	<u>Joseph Tornetta</u>	<u>1819 SE Killen Ct.</u>	<u>Port St. Lucie, FL 34952</u>
<u>M&M</u>	<u>Anna Marie Tornetta</u>	<u>1819 SE Killen Ct.</u>	<u>Port St. Lucie, FL 34952</u>

REINSTATEMENT-06-07-08-09

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

Joseph Tornetta

Date 5/14/09

Daytime Phone # 772-335-7943

C.L.