

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **L05 0000 48 376**

1. Limited Liability Company's Name

**Chaney Land Development LLC**

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 145 Nichols Road Suite, Apt. #, etc. City & State Florahome, FL Zip 32140 Country USA		<b>3. Mailing Office Address</b> P.O. Box 572 Suite, Apt. #, etc. City & State Florahome, FL Zip 32140 Country USA	
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<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 5/16/2005	
<b>6. FEI Number</b> 260116919	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>		
Name Shane Robert Chaney		
Street Address (P.O. Box Number is Not Acceptable) 145 Nichols Road		
Suite, Apt. #, Etc.		
City Florahome	State FL	Zip Code 32140

☐ 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 Shane Robert Chaney  
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	Shane Robert Chaney	145 Nichols Road	Florahome, FL 32140

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REINSTATEMENT

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 Shane Robert Chaney Date 3-5-08 Daytime Phone# \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_