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LIMITED LIABILITY REINSTATEMENT

BROOKLYN LAND COMPANY, LLC

OCT 19 PM 3:33

Certificate of Status	0
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N. Oquinn OCT 20 2006

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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TALLAHASSEE, FLORIDA

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1. Entity Name
BROOKLYN LAND COMPANY, LLC

Principal Place of Business	Mailing Address
2550 N. FEDERAL HIGHWAY, STE. 8 FT. LAUDERDALE, FL 33305	2550 N. FEDERAL HIGHWAY, STE. 8 FT. LAUDERDALE, FL 33305

10192006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
One Independent Drive	One Independent Drive
Suite, Apt. #, etc.: Suite 1300	Suite, Apt. #, etc.: Suite 1300
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 Country: US	Zip: 32202 Country: US

4. FEI Number: 20-3561254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
F & L CORP ONE INDEPENDENT DRIVE, STE. 1300 JACKSONVILLE, FL 32202-3520	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Charles V. Hedrick, Authorized Signatory 10-19-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richard W. Hawthorne One Independent Drive, Suite 1300 Jacksonville, FL 32202 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

904.633.8901

SIGNATURE: Richard W. Hawthorne, Managing Member 10-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #