

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 MAY 15 PM 3: 58

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000078025**

1. Limited Liability Company's Name

**FLORIDA GREENLAND LLC**

600128364946  
05/05/08--01019--003 \*\*377.50

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 16051 COLLINS AVE		<b>3. Mailing Office Address</b> 16051 COLLINS AVE	
Suite, Apt. #, etc. APT. 604		Suite, Apt. #, etc. APT. 604	
City & State SUNNY ISLES BEACH, FLORIDA		City & State SUNNY ISLES BEACH, FLORIDA	
Zip 33160	Country USA	Zip 33160	Country USA

<b>4. State/Country of Formation</b> USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 8/5/05	
<b>6. FFI Number</b> 20-3272865	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name CUEVAS & ORTIZ P.A.	
Street Address (P.O. Box Number is Not Acceptable) 536 BILTMORE WAY	
Suite, Apt. # Etc.	
City CORAL GABLES	State FL
	Zip Code 33134

☐ 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

REGISTERED AGENT MUST SIGN

Date 4/25/08

**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	IVANNA GASTELBONDO	16051 Collins Ave apt. 604	Sunny Isles Beach, Fl 33160

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

Date 4/25/08

Daytime Phone # 954-494-0014

Typed or printed name of signing Managing Member/Manager

Ivanna Gastelbondo