

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
FOR R.A.**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 FEB 19 PM 2:52

**DOCUMENT #**

1. Limited Liability Company's Name

ORANGE LAND PROPERTIES, LLC  
L05000079673

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

8886 Venezia Plantation Dr

Suite, Apt. #, etc.

3. Mailing Office Address

8886 Venezia Plantation Dr

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32829

Country

USA

Zip

32829

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

8/12/2005

6. FEI Number

203308301

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

Jorg Rivera

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

8886 Venezia Plantation Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32829

500256935115

02/19/14--01021--022 \*\*125.00

500256935115

02/19/14--01021--021 \*\*138.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Jorg Rivera*  
REGISTERED AGENT MUST SIGN

Date 1/31/14

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Jorg Rivera	8886 Venezia Plantation Dr	Orlando FL 32829

11. E-mail Address: jorgrivera2010@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Jorg Rivera*

Date 1/31/14

Daytime Phone # 321-206-8108

Typed or printed name of signing Authorized Representative/Manager Jorg Rivera

RC 2/20/14