

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

06 DEC -5 AM 8:57

DOCUMENT # L05000085555

1. Limited Liability Company's Name

FRISCO LAND, LLC

CR2E041 (8/05)

2. Principal Office Address  
3740 CATTAIL DR. S

Suite, Apt. #, etc.

3. Mailing Office Address  
3740 CATTAIL DR. S

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL JACKSONVILLE, FL

Zip  
32223

Country  
USA

Zip  
32223

Country  
USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 08-30-05

6. FEI Number  
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  
JAMES T. MURPHY, ESQ., KELLY B. MATHIS, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
50 N. LAURA STREET

Suite, Apt. #, Etc.  
SUITE 1700

City  
JACKSONVILLE

State Zip Code  
FL 32205

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 James T. Murphy  
REGISTERED AGENT MUST SIGN

Date 11/28/06

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	DONALD E. SEAWARD	3740 CATTAIL DR., S.	JACKSONVILLE, FL 32223
			100082465541 12/12/06-01017-007 **300.00
			REINSTATEMENT 2006

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 Donald E. Seaward Date 11/28/06 Daytime Phone # (904) 262-9620

Typed or printed name of signing Managing Member/Manager DONALD E. SEAWARD