

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

CR2E041 (8/05)

DOCUMENT # L05000085560

1. Limited Liability Company's Name

CATTAIL LAND, LLC

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

Zip

32223

Country

USA

City & State

JACKSONVILLE, FL

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

FL

Zip Code

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
			000082465550 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