

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000123210

FILED
Oct 11, 2007
Secretary of State

Entity Name: HEARTLAND REAL ESTATE & DEVELOPMENT LLC

Current Principal Place of Business:

4300 BUNKER DRIVE
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

4300 BUNKER DRIVE
SEBRING, FL 33872

New Mailing Address:

FEI Number: 16-1745138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

DOUGLAS W GRANGER CPA, PA
201 DORT STREET
SUITE A
PLANT CITY, FL 33566 US

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.

SIGNATURE: DOUGLAS W GRANGER

10/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRALTS, AXEL L
Address: 4300 BUNKER DRIVE
City-St-Zip: SEBRING, FL 33872

Title: MGRA () Delete
Name: BRALTS, CARIN L
Address: 4300 BUNKER DR
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: AXEL L BRALTS

MGR

10/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date