FILED

16 FEB 23 PM 3:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L06000003730

1. Limited Liability Company's Name
Topland Development, LLC

2. Principal Office Address (No P.O. Box #)	3. Mailing Office Address
485 N. Keller Road	485 N. Keller Road
Suite, Apt # etc: #401	Suite, Apt # etc: #401
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: USA	Zip: 32751 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.00 Additional Fee required for a certificate of status

400282533304
2/23/16 01031 032

8. Name and Address of Current Registered Agent

Name: Joy P. Ewertz, Esq.
Street Address (P.O. Box Number is Not Acceptable) Suite: 485 N. Keller Road
Apt. # Etc: #401
City: Maitland State: FL Zip Code: 32751

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: [signature] REGISTERED AGENT MUST SIGN Date: 2/15/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representatives/ Managers	City / State / Zip
MGR	Nanlann, Inc	485 N. Keller Road #401	Maitland, FL 32751

11. E-mail Address: andrew.mckelvey@knockie.com
(to be used for future annual report notification)

12. I certify that I am an authorized representative, manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 16th February 2016 Daytime Phone #: +44 1456 486793

Typed or printed name of signing authorized representative/member: Andrew McKelvey as President of Nanlann, Inc

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