

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC -4 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000008661

1. Limited Liability Company's Name

DeCola Land and Resorts, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
986 Douglas Avenue

3. Mailing Office Address  
27619 Autumn Terrace

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.

City & State  
Altamonte Springs, FL

City & State  
Boerne, TX

Zip  
32714

Country  
USA

Zip  
78006

Country  
USA

4. State/Country of Formation  
FL/USA

5. Date Organized or Qualified  
To Do Business in Florida 1/25/06

6. FEI Number  
06-1767105

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  
Charles H. Stark

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

Suite, Apt. #, Etc.  
Suite 100

City  
Altamonte Springs

State  
FL

Zip Code  
32714

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/19/07

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	Joseph M. DeCola	27619 Autumn Terrace	Boerne, TX 78006

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

Date 11-2-07

Daytime Phone # 830-739-4646

Typed or printed name of signing Managing Member/Manager Joseph M. DeCola