PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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2008 JUN 16 A 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L06000009709

1. Limited Liability Company's Name

Maximus Land Development, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 5th Street	1000 5th Street
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Miami Beach, FLA	City & State Miami Beach, FLA
Zip 33139 Country US	Zip 33139 Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1/26/06

6. FEI Number: 04-3842821 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ($30.00 Additional Fee Required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: C.T. Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ 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: VickiAnn Owens Special Assistant Secretary Date: 6/16/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Robert A. Lipinski	1000 5th Street	Miami Beach, FL. 33139

REINSTATEMENT 07-08

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: 6/13/08 Daytime Phone #: 609-405-3000

Typed or printed name of signing Managing Member/Manager: Robert A. Lipinski

FLI / 9 - 02/13/2008 C T System Online

L06000009709

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

MAXIMUS LAND DEVELOPMENT, LLC

Certificate of Status	1
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