L06000009709

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**LIMITED LIABILITY REINSTATEMENT**
**MAXIMUS LAND DEVELOPMENT, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (06/10)

**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, Apt. #, etc. |
| Suite 200 | Suite 200 |
| City & State | City & State |
| Miami Beach, FL | Miami Beach, FL |
| Zip / Country | Zip / Country |
| 33139 | 33139 |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/26/2006

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 A Certified Copy is 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 road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Margaret E Routzahn — MARGARET E. ROUTZAHN, Special Assistant Secretary — Date: 1/12/11

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 |
|---|---|---|---|
| DP | Robert A. Lipinski | 1000 5th St, Ste 200 | Miami Beach, FL 33324 |
| | | | |
| | | | |
| | REINSTATEMENT-09-11 | | |
| | | | |
| | | | |

11. E-mail Address: afox@capehart.com (To be used for future annual report notifications)

12. 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 608.408, 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: [signature] Date: 1/11/11 Daytime Phone #: 856-552-4100

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

FL110 - 06/03/2010 CT System Online

CL