

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

JUN 28 AM 9:20

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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06/30/16--01009--037 **1071.25

DOCUMENT # L06000021727

1. Limited Liability Company's Name
AL Land, LLC

2. Principal Office Address - No P.O. Box # 2401 PGA Blvd.		3. Mailing Office Address 2401 PGA Blvd.	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country USA	Zip 33410	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/28/2006	
6. FEI Number 20-4393124	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Alan J. Ciklin, Esq.		
Street Address (P.O. Box Number is Not Acceptable) Suite, 515 N. Flagler Drive, 20th Floor		
Apt. #, Etc.		
City West Palm Beach	State FL	Zip Code 33401

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 _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Anthony Lomangino	2401 PGA Blvd., Suite 200	Palm Beach Gardens, FL 33410

11. E-mail Address. aciklin@ciklinlubitz.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 605.0012, 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 *Alan J. Ciklin* Date *6/28/16* Daytime Phone # **561-832-5900**
Typed or printed name of signing authorized representative/member Alan J. Ciklin, Authorized Representative