

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 17 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200182270982
06/17/10--01051--008 **655.00

CR2E041 (05/10)

DOCUMENT # L06000119922

1. Limited Liability Company's Name

MUC Land Holdings, LLC

2. Principal Office Address - No P.O. Box #

501 N. Franklin St.

Suite, Apt. #, etc.

3. Mailing Office Address

501 N. Franklin St.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-8738305

☐ 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 Jill G. Kelley

Street Address (P.O. Box Number is Not Acceptable)
1005 Bayshore Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

6/13/10

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
MGR	Kelley, Jill G.	1005 Bayshore Blvd.	Tampa, FL 33606

REINSTATEMENT 07-10

11. E-mail Address:

(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 608.406, 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

6/13/10

Daytime Phone #

(813) 431-7707

Typed or printed name of signing Managing Member/Manager

N. O'Connell

JUN 18 2010