BT 173802

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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FILED
08 DEC -2 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000116823

1. Entity Name
THE PALMDALE LAND, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3235 HYDE CIR<br>BOCA RATON, FL 33434 | 3235 HYDE CIR<br>BOCA RATON, FL 33434 |

10312008 REIN-LLC CR2E101 (1/07)

| 2. Principal Place of Business - No P O Box # | 3. Mailing Address |
|---|---|
| SAME AS ABOVE | SAME AS ABOVE |
| Suite, Apt #, etc | Suite, Apt #, etc |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RODRIGUEZ, ALCIDES E<br>3235 HYDE CIR<br>BOCA RATON, FL 33434 | Name<br>Street Address (P O Box Number is Not Acceptable)<br>City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $238.75**
**After January 1, 2009, Fee will be $377.50**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, ALCIDES E | | NAME | 800138347518 |
| STREET ADDRESS | 3235 HYDE CIR | | STREET ADDRESS | 12/01/08--01077--002 **138.00 |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | REINSTATEMENT | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST ZIP | | | CITY-ST-ZIP | RECEIVED |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | NOV 10 2008 |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST ZIP | | | CITY-ST-ZIP | CIU REV/ADM |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alcides Rodriguez 11/5/08 (561)241-9828
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #