PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100258745031
04/08/14--01001--019 **382.50

CR2E041 (1/14)

DOCUMENT # L10000008828

1. Limited Liability Company's Name

CFR Land Holdings, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 E. Kennedy Boulevard	201 E. Kennedy Boulevard
Suite, Apt. #, etc.: Suite 1000	Suite, Apt. #, etc.: Suite 1000
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33602 Country: US	Zip: 33602 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1/25/10

6. FEI Number: 27-3060630 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

FILED
APR -7 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name: Barry A. Cohen
Street Address (P.O. Box Number is Not Acceptable): 201 E. Kennedy Boulevard
Suite, Apt. #, Etc.: Suite 1000
City: Tampa State: FL Zip Code: 33602

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 4/7/14
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
MGR	Barry A. Cohen	201 E. Kennedy Blvd., Ste 1000	Tampa, FL 33602
MGR/R	Domenic L. Massari	201 E. Kennedy Blvd., Ste 1000	Tampa, FL 33602
	2013-2014		

11. E-mail Address: dmassari@green-new.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 4/7/14 Daytime Phone # 813-225-1655

Typed or printed name of signing Authorized Representative/Manager Barry A. Cohen