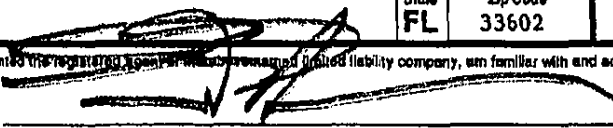


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L10000008828			
1. Limited Liability Company's Name CFR Land Holdings, L.L.C.			
2. Principal Office Address - No P.O. Box # 201 E. Kennedy Boulevard Suite, Apt. #, etc. Suite 1000 City & State Tampa, FL Zip 33602 Country US		3. Mailing Office Address 201 E. Kennedy Boulevard Suite, Apt. #, etc. Suite 1000 City & State Tampa, FL Zip 33602 Country US	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 1/25/10	
6. FBI Number 27-3060630		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 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 for the above named limited liability company, am familiar with and accept the obligations of Chapter 806, 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 Representative/Manager	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-nova.com			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager for the receiver or trustee empowered to execute this application as provided for in Chapter 806, 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 805.0012, 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. 817.165, 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			

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

CR2E041 (1/14)

RECEIVED
APR - 7 AM 9:38
AHASSEE, FLORIDA

FILED