

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUN 10 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000001084

1. Limited Liability Company's Name

LAMA LAND MANAGEMENT, LLC  
S. VAISMAN MNGT, TR  
13755 OVERSEAS HWY  
MARATHON, FL. 33050

2. Principal Office Address

13755 OVERSEAS HWY

Suite, Apt. #, etc.

City & State

MARATHON FL.

Zip

33050

Country

MONROE

3. Mailing Office Address

12864 BISCAYNE BLVD.

Suite, Apt. #, etc.

PMB #330

City & State

N. MIAMI BEACH, FL.

Zip

33181-2007

Country

DADE

4. State/Country of Formation

FLORIDA, MONROE

5. Date Organized or Qualified  
To Do Business in Florida

1996

6. FEI Number

65-0880087

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

SVETLANA VAISMAN

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

13755 OVERSEAS HWY

Suite, Apt. #, Etc.

City

MARATHON, FL. 33050

State

FL

Zip Code

33050

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/1/02

10. Names and Street Addresses of Managing Members/Managers

100005753491--8

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

-06/11/02--01064--001  
\*\*\*\*255.00 \*\*\*\*255.00

MEM DAVID VAISMAN

13755 OVERSEAS HWY

MARATHON, FL. 33050

mgmt SVETLANA VAISMAN  
TRSTY D. VAISMAN ATF  
FFRT FOR D. VAISMAN

13755 OVERSEAS HWY

MARATHON, FL. 33050

11. 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

*[Signature]*

Date

4/1/02

Daytime Phone #

305-610-8002

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)