PLEASE READ-ALL	INSTRUCTIONS BEFORE	COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

-000 - 200



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 JUL 20 AM 10: 28

SECRETARY OF STATE TABLAHASSEE FLORIDA

DOCUMENT# L	97000000972
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1. Limited Liability Company's Name

JERICHO LAND COMPANY, L.C.

2. Principa	al Office Address	3. Mailing Office Addres	ss			
2210 S. FRONT ST., SUI E SAME Suite, Apt. #, etc SUITE 204 City & State MELBOURNE, FL			4. State/Country of Formation FLORIDA/USA 5. Date Organized or Qualified			
		Suite, Apt. #, etc.				
		City & State	To Do Business in Florida 9/23/97			
			,	6. FEI Number 59 – 3467325	Applied For Not Applicable	
^{Zip} 3290	1 Country BREVARD	Zip	Country	7. CERTIFICATE OF STATUS DESI	— GROW AND THE PROPERTY OF THE	
		8. Name and A	Address of Current Registe	red Agent		
	Name RICHARD A. BAILEY Stropt Address (R.O. Box Number is Not Acceptable) -07/24/01-01092-017					
	Street Address (P.O. Box Number is Not Acceptable) 419 MELBOURNE AVE. *****200.00 *****200.00					
	City		,		Code 2903	
	g appointed the registered agent of the ab	ove named limited liability co	mpany, am familiar with and	accept the obligations of Chapter 6	608, F.S.	
Signature of Registered	Agent / Workard 4	EGISTERED AGENT MUST	SIGN	Date	JLY 16, 2001	
10. Nam	es and Street Addresses of Managing Me	mbers/Managers				
Titles	Name of Managing Members/Mana	gers	Street Address of Eac Managing Member/Mana		City / State / Zip	
MGRM	RICHARD A. BAILEY	419	MELBOURNE AV	E. INDIAL	NTIC, FL 32903	
MGRM	MICHAEL E. SPENCE	ER 4290	ÇOREY RD.	VALKARI	IA, FL 32950	
	<u> </u>					

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.

7018 PARLIAMENT PLACE

Signature	of
Managing	Member/Manager

MGRM

CHARLES L. KIRBY

Tuchard G. Vauley Date July 1.6, 2001e Phone # (32.1) 7.68-95.00

LAKELAND, FL 33809

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