PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DOCUMENT # L98000001865

1. Limited Liability Company's Name
Cranberry Merchants Development, L.C.

2. Principal Office Address		**3.** Mailing Office Address	
3245 South Florida Avenue		3245 South Florida Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lakeland, FL		Lakeland, FL	
Zip	Country	Zip	Country
33803	U.S	33803	U.S.

4. State/Country of Formation
Florida, U.S.A.

5. Date Organized or Qualified To Do Business in Florida 9/15/1998

6. FEI Number 593533207 ☐ 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: Ben L. Griffin, Jr.

Street Address (P.O. Box Number is Not Acceptable): 3245 South Florida Avenue

Suite, Apt. #, Etc.:

City: Lakeland | State: FL | Zip Code: 33803

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 _____ Date 12/30/2003
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Member	Ben L. Griffin, Jr.	3245 S. Florida Avenue	Lakeland, FL 33803

REINSTATEMENT 2003-04

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 _____ Date 12/30/2003 Daytime Phone # 410.804.3848

Typed or printed name of signing Managing Member/Manager Ben L. Griffin, Jr.