L98000001890

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -3 PM 3:12

MJH

DOCUMENT # L98000001890

1. Limited Liability Company's Name

Florida Development and Realty, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
204 North Park Avenue	204 North Park Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 100	Suite 100
City & State	City & State
Sanford, Florida	Sanford, Florida
Zip / Country	Zip / Country
32771 / Seminole	32771 / Seminole

4. State/Country of Formation: Florida/Seminole

5. Date Organized or Qualified To Do Business in Florida: September 17, 1998

6. FEI Number: 59-3531241 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED [X] — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Sidney L. Vihlen, III, Attorney at Law

Street Address (P.O. Box Number is Not Acceptable): 1173 Spring Centre South Boulevard

Suite, Apt. #, Etc.: Suite C

City: Altamonte Springs, | State: FL | Zip Code: 32714

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], Attorney at Law — Date: 8/2/00
REGISTERED AGENT MUST SIGN

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
Man Mem	Sid L. Vihlen,Jr.	204 North Park Avenue, Ste.100	Sanford, Florida 32771

REINSTATEMENT 99-2000

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: 8/2/00 — Daytime Phone # (407) 321-2007

Typed or printed name of signing Managing Member/Manager: Sid L. Vihlen, Jr.

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 786136 150067A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 205.00

ORDER DATE : August 3, 2000

ORDER TIME : 10:04 AM

ORDER NO. : 786136-005

CUSTOMER NO: 150067A

400003345154--9

CUSTOMER: Paul M. Sills, Esq
Sidney L. Vihlen, Iii, P.a.
Suite C
1173 Spring Centre South Blvd.
Altamonte Sprin, FL 32714

DOMESTIC FILINGS

NAME: FLORIDA DEVELOPMENT AND REALTY, L.L.C.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kim Clemons

EXAMINER'S INITIALS _____

RECEIVED
00 AUG -3 AM 11:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA