


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L98000002738 1. Limited Liability Company's Name Riverwalk Land Holdings, L.L.C.					
2. Principal Office Address 4393 Ridgewood Avenue Suite, Apt. #, etc. Suite 1 City & State Port Orange, Florida Zip 32127 Country U.S.			3. Mailing Office Address 4393 Ridgewood Avenue Suite, Apt. #, etc. Suite 1 City & State Port Orange, Florida Zip 32127 Country U.S.		
4. State/Country of Formation Florida / United States			5. Date Organized or Qualified To Do Business in Florida 11/17/98		
6. FEI Number 59-3545970			7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		

FILED

00 MAY -4 PM 12:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

8. Name and Address of Current Registered Agent	
Name Stephen G. Martin	
Street Address (P.O. Box Number is Not Acceptable) 4393 Ridgewood Avenue	
Suite, Apt. #, Etc. Suite 1	
City Port Orange	State FL
Zip Code 32127	

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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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	Dale E. Martin	2801 S. Nova Road	South Daytona, Florida 32119
MGRM	Martin K. Dineen	12 Sandcastle Drive	Ormond Beach, Florida 32176

REINSTATEMENT

1999-2000

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager