

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1. DOCUMENT # L98000002803
Name and Mailing Address

0016338 01 MB 0.309 **AUTO TO 0 0615 48083-463312



GOOD EARTH LAND L.L.C.
2612 ELLIOTT
TROY MI 48083-4633

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2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 985 NORTH COLLIER BOULEVARD MARCO ISLAND FL 34145		5. Date Organized or Qualified To Do Business in Florida 01/19/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 58-2434666	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent WEBSTER, RONALD S 985 NORTH COLLIER BOULEVARD MARCO ISLAND FL 34145		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <u>Mark Stapels</u> SIGNATURE REQUIRED Date <u>2-20-04</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	STAPELS, MARK D	2612 ELLIOTT	TROY MI 48083
12. 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 <u>Mark Stapels</u> SIGNATURE REQUIRED Date <u>2-20-04</u> Daytime Phone <u>248-577-5570</u>			
Typed or printed name of signing Managing Member/Manager <u>MARK D Stapels</u>			