PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -2 AM 9:10

DOCUMENT # L99000002851

1. Limited Liability Company's Name

Double E Land Company, L.L.C.
2505 South Dundee
Tampa, Florida 33629

CR2E041 (6/05)

2. Principal Office Address	3. Mailing Office Address
2505 S. Dundee	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl	City & State
Zip: 33629 Country: USA	Zip Country

4. State/Country of Formation: Florida, USA

6. Date Organized or Qualified To Do Business in Florida: 05/14/1999

5. FEI Number: 593582471 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Andrew O'Malley c/o Whitaker & Manson, P.A.

Street Address (P.O. Box Number is Not Acceptable): 712 South Oregon Avenue

Suite, Apt. #, Etc.

City: Tampa State: FL Zip Code: 33606

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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 _____ Date _____
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
Mgr	Cheryl Kilcoyne	2505 S. Dundee	Tampa, Fl 3629

04-06

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: Cheryl C. Kilcoyne Date: 5-31-06 Daytime Phone #: 813-610-2628

Typed or printed name of signing Managing Member/Manager: Cheryl C. Kilcoyne