

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L99000004048**

1. Limited Liability Company's Name

St. Cloud Land Holdings, L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

2. Principal Office Address

4475 13th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 352106

Suite, Apt. #, etc.

City & State

St. Cloud, FL

Zip

Country

34769

U.S.A.

City & State

MIAMI, FL

Zip

Country

33135

U.S.A.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 30, 1999

6. FEI Number

65-0941026

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

JOHN C. GEVERS

Street Address (P.O. Box Number is Not Acceptable)

4475 13th St.

Suite, Apt. #, Etc.

City

St. Cloud

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******155.00 ****155.00**

State

FL

Zip Code

34769

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

John C. Gevers

REGISTERED AGENT MUST SIGN

Date **10-17-01**

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
MEM	JOHN C. GEVERS	4475 13th St. St. Cloud, FL 34769	
MEM	LUISA O. CURIEL, TRUSTEE	2790 NW 4 St.	Miami, FL 33125
MEM	SHERRI FEINSTEIN, TRUSTEE	290 NW 165 St. PH 4	Miami, FL 33169

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

John C. Gevers

Date **10-17-01** Daytime Phone # **407-847-8889**

Typed or printed name of signing Managing Member/Manager