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 O DEC 22 AH II: 18
DOCUMENT#  1. Limited Liability Company's Name  (Cosna Landing, L.L.C. L99000005556  A		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address  CIO GRAND BIVA  Suite, Apt. #, etc.  Still Book State  DESTIN, FL  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	3. Mailing Office Address  OID GRAND BVd  Suite, Apt. #, etc.  SHE 200 -  City & State  DESHIN, FL  ZIP  ZIP  Country  JSA	4. State/Country of Formation  FLORIDA / USA  5. Date Organized or Qualified To Do Business in Florida  6. FEI Number  SQ -359879 Q Applied For Not Applicable  7. CERTIFICATE OF STATUS DESIRED   3300 Additional Gas required for Secretification (Status)
8. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  LOO HUY Real Cool 100003529167-6  LOO HUY Real Cool 100003529167-6  Suite, Apt. #, Etc. *******50.00 ******50.00		
City Devlin State 25,000-11		
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 10 30 000		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Street Address of Each Managing Members/ Managers Street Address of Each Managing Member/ Manager City / State /		ager City / State / Zip
MGR Pintal Development Corp GIDGERINDBIVD STE 200 Destin FL 32541		
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 Michael W TONDE, President of Pintail Development  Typed or printed name of signing Managing Member/Manager Michael W TONDE, President of Pintail Development		