

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 28 AM 9:28

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M04000005720

1. Limited Liability Company's Name

INDIAN LAND DEVELOPMENT, LLC

2. Principal Office Address

2881 E. Oakland Park Blvd.

3. Mailing Office Address

2881 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

Suite 410

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33306

Country

USA

Zip

33306

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/21/2004

6. FEI Number

76-0772871

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

David W. Langley

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

8181 W. Broward Boulevard

Suite, Apt. #, Etc.

Suite 204

City

Plantation

State

FL

Zip Code

33324

100078470301

08/08/06--01032--012 \*\*201.00

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 July 24, 2005

**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	Craig Talesman	8181 W. Broward Blvd., Ste 204	Plantation, FL 33324
MGRM	Joel M. Frank Sr.	8181 W. Broward Blvd., Ste 204	Plantation, FL 33324

REINSTATEMENT 05-06

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

Date July 24, 2006

Daytime Phone # 954-356-0450

Typed or printed name of signing Managing Member/Manager Craig Talesman