

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JUN -6 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M96000000148**

1. Limited Liability Company's Name

The Florida Timberlands, L.L.C.

900076066369  
06/12/06--01008--005 \*\*50.00

CR2E041 (8/05)

2. Principal Office Address

143 Fisher Road

Suite, Apt. #, etc.

3. Mailing Office Address

143 Fisher Road

Suite, Apt. #, etc.

City & State

Mahwah, NJ

City & State

Mahwah, NJ

Zip

07430

Country

USA

Zip

07430

Country

USA

4. State/Country of Formation

New Jersey, USA

5. Date Organized or Qualified  
To Do Business in Florida

4/30/1996

6. FEI Number

223437733

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

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

Name

William S. Graessle

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

219 Newnan Street

Suite, Apt. #, Etc.

4th Floor

City

Jacksonville

State  
FL

Zip Code

32202

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

*William S. Graessle*

Date June 2, 2006

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	Stuart Miller	143 Fisher Road	Mahwah, NJ 07430

**REINSTATEMENT**

97-06

*SM*

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

*Stuart Miller*

Date

6/2/06

Daytime Phone #

(941) 353-

6333

Typed or printed name of signing Managing Member/Manager

Stuart Miller