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
00 DEC 26 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # M98000001142

1. Limited Liability Company's Name
Florida Development Group, L.L.C.

2. Principal Office Address	3. Mailing Office Address
3801 Plaza Tower Drive	3801 Plaza Tower Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Baton Rouge, LA	City & State: Baton Rouge, LA
Zip: 70816 Country: USA	Zip: 70816 Country: USA

4. State/Country of Formation: Louisiana, USA

5. Date Organized or Qualified To Do Business in Florida: October 7, 1998

6. FEI Number: 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: C.T. Corporation System c/o C.T. Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

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****150.00 ****150.00

Suite, Apt. #, Etc.

City: Plantation, FL State: FL Zip Code: 33324

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: Victor Alfano VICTOR ALFANO ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 12/21/00

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	Stewart Juneau	3801 Plaza Tower Drive	Baton Rouge, LA 70816

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: S/ Stewart Juneau Date: 11-28-00 Daytime Phone #: (225) 292-2882

Typed or printed name of signing Managing Member/Manager: Stewart Juneau