


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
 2014 JAN 22 PM 3:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E041 (1/11)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> M99000001109					
1. Limited Liability Company's Name <b>FPT FLORIDA LAND, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>3400 E. LAFAYETTE</b>		3. Mailing Office Address same as #2		4. State/Country of Formation <b>MICHIGAN</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <b>July 16, 1999</b>	
City & State <b>DETROIT, MI</b>		City & State		6. FEI Number <b>38-3477277</b>	
Zip <b>48207</b>	Country <b>USA</b>	Zip	Country	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status <input type="checkbox"/>	
8. Name and Address of Current Registered Agent				E-mail Address:	
Name <b>CT CORPORATION SYSTEM</b>				<b>MICHELE.WALKER@SOAVE.COM</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>				(To be used for future annual report notices)	
Suite, Apt. #, Etc.					
City <b>PLANTATION</b>		State <b>FL</b>	Zip Code <b>33324</b>		
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		<i>Rebecca Barth</i>		Date <b>1/22/2014</b>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
<b>M</b>	<b>YALE LEVIN</b>	<b>3400 E. LAFAYETTE</b>		<b>DETROIT, MI 48207</b>	
<b>REINSTATEMENT</b>					
<b>2013-14</b>					
<b>S. HAWKES</b>					
<b>JAN 22 AM</b>					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in the statute. 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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of Managing Member/Manager		<i>Yale Levin</i>		Date <b>1/22/14</b>	
Typed or printed name of signing Managing Member/Manager		Daytime Phone # <b>313-567-7000</b>			
		<b>YALE LEVIN, MANAGER OF FPT FLORIDA LAND, LLC</b>			

Division of Corporations

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**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LIMITED LIABILITY REINSTATEMENT  
FPT FLORIDA LAND, LLC**

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