2005 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTA	TEMENT	_ Fu	
' '.'	CUMENT # P04000063818			05 NOW ED
1. Entity Name LIBERTY LAND	Y LAND & DEVELOPMENT ASSOCIATES , INC.			05 NOV 28 AN 11:28
Principal Place of Busin	ess.	Mailing Address	- Contract of the second	REINSTATEMENT
7062 BERACASA WAY		7062 BERACASA WAY	•	200E
Boca raton, FL 334 	133 . US	BOCA RATON, FL 3343	3 US	7 Roberts NUV 2 7/4003
2. Principal Place of Business 1 tary TRAI 8409 N. Military RAI				
Suite, Apt. #, etc.	. /	Suite, Apt. #, etc.		11212005 REIN-P CR2E098 (6/04)
PAIN BEA	Ch lessarens	FI VELY BERG	Charges F	4. FEI Number 77 - 063 1033 Not Applicable
Zip 33412	Country	Zip 33410	Country V S A	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
KLEIN, DAVID L			Name DA V	ID L.KLEIN
7062 BERACASA WAY BOCA RATON, FL 33433				(P.O. Box Number is Not Acceptable) TRAIL #115
Billion Con El Zipogeo				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent.				
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
- Ch Eok # 2068 - FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the				
	2006, Fee will be \$300.0			corporation did not receive the prior notice.
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	DAVID L	Car Donoto	NAME	
	ERACASA WAY RATON, FL 33433		STREET ADDRESS CITY-ST-ZIP	
TITLE VP		☐ Delete	TITLE	Addition
i I	O, ANTHONY P ERACASA WAY		NAME STREET ADDRESS	500061731835
	RATON, FL 33433		CITY-ST-ZIP	11/28/050105美-002~*** 49.00
TITLE NAME		☐ Delete	TITLE NAME	Addition Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP TITLE		C Police	CITY-ST-ZIP	
NAME		Delete	NAME	Hardition ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP	. >
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-SI-ZIP	
TITLE NAME		☐ Delete	TITLE	Change Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP	the information a malled with	this filling doop and a wall's face	CITY+ST-ZIP	Capitar 440 07/0V/) Fladda Glab to 1/1 also are
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 ii changed, or on an attachment with an address, with all other like empowared.				
SIGNATURE: X Vary AL. Klo Brentest X11/21/2005 X (561) 703-1070				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				