

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

04 JUL 19 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 398157

1. Corporation Name
MYSON'S LAND & HOME DEVELOPMENT CORP.

150 WEST FLAGLER ST.
9121 EAST PRAIRIE ROAD

2. Principal Office Address 150 WEST FLAGLER ST.		3. Mailing Office Address 9121 EAST PRAIRIE ROAD	
Suite, Apt. #, etc. SUITE 2200, MUSEUM TOWER		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State EVANSTON, IL	
Zip 33130	Country	Zip 60203-1617	Country

JA

REINSTATEMENT 99-04

4. Date Incorporated or Qualified To Do Business in Florida 03/27/1972

5. FEI Number 59-1460439 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SB 75 - System not yet supported by a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
MARITZA VILLAR

Street Address (P.O. Box Number is Not Acceptable)
13931 S.W. 25 STREET

Suite, Apt. #, Etc.

City
MIAMI

State **FL** Zip Code **33175**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Maritza Villar* Date **7-16-04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GRACE GARCIA	9121 EAST PRAIRIE ROAD	EVANSTON, IL 60203-1617

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Grace Garcia* Date **7/14/04** (847) 679-2479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARCIA GARCIA

CRS0001 (07/04)