

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M54813

1. Corporation Name

FLORIDA LANDIS, INC.

Principal Place of Business

Mailing Address

C/O CRISTINA M. CABARROCAS
4086 EL PRADO BLVD.
COCONUT GROVE FL 33133

C/O CRISTINA M. CABARROCAS
4086 EL PRADO BLVD.
COCONUT GROVE FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1987

5. FEI Number

59-2829689

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|--|
| P | CABARROCAS, DAVID M. | 5814 SW 81ST ST | MIAMI FL 33143 |
| | | | 500005254895-0 -04711702-01071-013 ****908.75 ****908.75 |
| | | | REINSTATEMENT 01/28/18 |

8. Name and Address of Current Registered Agent

CABARROCAS, CRISTINA M
4086 EL PRADO BLVD
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

| | | |
|--|--------------------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State FL | Zip Code |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/28/02

11. 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/02

Daytime Phone #

3056614991

FILED
02 MAR 20 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)