


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
REINSTATEMENT # (850) 2009 MAR 27 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
\$450.00
REINSTATEMENT 07-09

DOCUMENT # P05000005133
1. Corporation Name
LANDS OF AMERICA, INC.

2. Principal Office Address - No P.O. Box # 21712 CARTAGENA DRIVE		3. Mailing Office Address 21712 CARTAGENA DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33428	Country USA	Zip 33428	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **01-11-2005**

5. FEI Number **05-0614845** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$275 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NILOFER MARKATIA

Street Address (P.O. Box Number is Not Acceptable)
21712 CARTAGENA DRIVE

Suite, Apt. #, Etc.

City **BOCA RATON** State **FL** Zip Code **33428**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Nilofer Markatia* Date **MARCH 17, 2009**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MOHAMMED A. MARKATIA	21712 CARTAGENA DRIVE	BOCA RATON, FL 33428
	<i>M/3/30</i>		

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 contained in Chapter 119, 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: *Nilofer Markatia* Date **3/17/09** Cayman Phone # **2-390 011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAVOR CHECK 3/21/09