

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000009150

1. Corporation Name

LandPartners of America, Inc.

2. Principal Office Address - No P.O. Box #

1123 N Toledo Blade Blvd

Suite, Apt. #, etc.

# 173

City & State

North Port, FL

Zip

34288

Country

USA

3. Mailing Office Address

c/o Art Plus

Suite, Apt. #, etc.

Gracie Station - PO Box 85

City & State

New York, NY

Zip

10028-0047

Country

USA

7. Name and Address of Current Registered Agent

Name

Christian Genitrini

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

1123 N Toledo Blade Blvd

Suite, Apt. #, Etc.

# 173

City

North Port

State

FL

Zip Code

34288

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

REGISTERED AGENT MUST SIGN

Date 03/23/2009

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	Jan Tor	601 E. Charleston Blvd, #100	Las Vegas, NV 89104
D	Lucia Fassetta	510 E. 84th Street, #3C	New York, NY 10028
D	PIERO Fassetta	510 E. 84th Street, #3C	New York, NY 10028

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:

Lucia Fassetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/2009

Date

(206) 350-4104

Daytime Phone #

FILED

09 MAR 27 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300147915183  
03/27/09--01003--020 \*\*\$00.00

REINSTATEMENT

CR2E081 (12/08)

08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/2000

5. FEI Number  
65-0977572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.