PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCL	<b>JMENT</b>	<b>-</b> #	.18451

1. Corporation Name

FIVE POINTS LAND CO., INC.

ı	Ψ.		¥
	- F-1	1 1 2 m	
	-	LED	
	1 1		
	٠.	AND DESCRIPTIONS OF STREET	

02 SEP -9 AM 8: 40

SECRETARY OF STATE TALLAHASSEE. FLORIDA

2. Principal Office Address		3. Mailing Office Address		REINS IAI LIVILINI 01-02		
301 Second Street North		P.O. Box 801				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			and a second	
Apt. No. 17				4. Date Incorporated or Qualified To Do Business in Florida 4/13/55		
City & State		City & State			Applied For	
St. Petersburg, Florida		St. Petersburg, Florida			Not Applicable	
	Country	Zip	Country	6	Additional Fee required	
33701 U.S.A.		33731	U.S.A.	CERTIFICATE OF STATUS DESIRED		
	and the second s	7. Name aı	nd Address of Current Regis	stered Agent		
Name						
			500007729595-9 -09/13/0201034014			
Street Add	dress (P.O. Box Number is f	Not Acceptable)				
2	<u>200 Beach Drive</u>	Northeast				
Suite, Apt.	. #, Etc.			*************		
U	Jnit No. 1			<b>,</b>		
City	-				ノI	
S	St. Petersburg		FL 33701			
i d	Name Street Add Suite, Apt.	tersburg, Florida  Country  U.S.A.  Name  William Bond, Country  Street Address (P.O. Box Number is to the country of the coun	Country  Vis.A.  City & State  Country  Vis.A.  Country  Vis.A.  To Name and Name  William Bond, Jr.  Street Address (P.O. Box Number is Not Acceptable)  200 Beach Drive Northeast  Suite, Apt. #, Etc.  Unit No. 1  City & State  Apt. #, etc.  Street Address (P.O. Box Number is Not Acceptable)  201 Beach Drive Northeast  City	City & State  Country  U.S.A.  To Name and Address of Current Regis  Name  William Bond, Jr.  Street Address (P.O. Box Number is Not Acceptable)  200 Beach Drive Northeast  Suite, Apt. #, Etc.  Unit No. 1  City & State  Country  33731  U.S.A.  7. Name and Address of Current Regis  Name  William Bond, Jr.  Street Address (P.O. Box Number is Not Acceptable)  200 Beach Drive Northeast  Suite, Apt. #, Etc.  Unit No. 1	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  St. Petersburg, Florida  Country  U.S.A.  To Name and Address of Current Registered Agent  Name  William Bond, Jr.  Street Address (P.O. Box Number is Not Acceptable)  200 Beach Drive Northeast  Suite, Apt. #, Etc.  Unit No. 1  City  Suite, Apt. #, Etc.  Unit No. 1  State  Suite, Apt. #, Etc.  Unit State  State  Suite, Apt. #, Etc.  Unit State  State  Suite, Apt. #, Etc.  Unit State  Suite, Apt. #, Etc.  Unit State  State  Suite, Apt. #, Etc.  Unit State  State  Suite, Apt. #, Etc.  Unit State  State  Suite, Apt. #, Etc.  Unit State  Suite, Apt. #, Etc.  Unit State  State  Suite, Apt. #, Etc.  Unit State  Suite, Apt. #, Etc.  Unit State  Suite, Apt. #, Etc.  Unit State  State  Suite, Apt. #, Etc.  Unit State  Suite, Apt.	

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

WILL REGISTERED

EGISTÉRED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of City / State / Zip Titles Officers and/or Directors Officer and/or Director P/D 301 Second Street North, #17 Linda B. Melleney St. Petersburg, FL 33701 550 South Hope-Street-V/D Richard J. Codding Suite 1400 Los Angèles, CA 90071 200 Beach Drive Northeast S/T/D William Bond, Jr. St. Petersburg, FL 33701 D William Bond, Sr. 800 - 34th Avenue North St. Petersburg, FL 33704 One Beach Drive Southeast D Samuel F. Bond #814 St. Petersburg, FL 33701 100 Beach Drive Northeast St. Petersburg, FL 33701 D Cary G. Bond #901

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(LINDA B. MELLENEY)

9/6/02

(727) 897-9410

Daytime Phone #

CR2E081 (9/0