PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ROPE LAND COMPANY

Principal Place of Business

Mailing Address

400 E ATLANTIC BLVD POMPANO BEACH FL 33060 400 E ATLANTIC BLVD POMPANO BEACH FL 33060

If above addres	sses are incorrect in any way, line	through incorrect inf	ormation and enter correction below	01/10/02- 	
2. New Principa	Office Address, If Applicable	New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City.& State		5. FEI Number 59-1282564	
7. Names and S	treet Addresses of Each Officer a	ind/or Director (Flori	da nonprofit corporations must list a	t least 3 directors)	
Title(s)	Name of Officers		Street Address of E	Cit	

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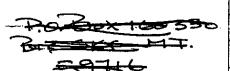
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	4. Date incorporated or Qualified المنطقة الم	96	8	
	5. FEI Number		Applied For	
1 59-1282564		<	A1-A 6-	_ 12 14 1

. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D	ROEPNACK, DAVID H	8972 N.W 23 ST	PARKLAND FL SOCS CORRECT SPRINGS FLA		
PD	ROEPNACK, PAUL A	P.O. Pox 160330	BOCK BATONFL 59716		
D	BEARD, SANDRA L	AAT ON FORRENAL AND	MELBOURNE BCH, FL 00000. 8 0 501		
D	ROEPNACK ROBORTA	ES US WHIT SANDS DO	Z7513 ZARY, N.C.		

****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

ROEPNACK, PAUL A 400 E. ATLANTIC BLVD POMPANO-BCH, FL 33060



STEINMETS Suite, Apt. #, Etc.

S8.75 Additional Fee required for a Certificate of Status

nth and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered

Signature of Registered Agent REGISTERED RENT MUST SIGN

.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR