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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

379492

1. Corporation Name

Landers Plastics, Inc

2. Principal Office Address

66 Pine Street

Suite, Apt. #, etc.

3. Mailing Office Address

66 Pine Street

Suite, Apt. #, etc.

City & State

HOMASASSA, FL

City & State

HOMASASSA FL

Zip

34446

Country

USA

Zip

34446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/71

5. FEI Number

59-1318919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Laz Schneider ESQ

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

350 E. Las Olas Blvd.

Suite, Apt. #, Etc.

STE 1000

City

Ft Lauderdale

State

FL

Zip Code

33301

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

Date

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
Pres	Robert E. Montgomery	66 Pine Street	HOMASASSA FL 34446
V.P.	Debra J. Montgomery	66 Pine Street	HOMASASSA FL 34446

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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 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:

Robert E. Montgomery Robert E. Montgomery

Date

10-27-04

Daytime Phone #

954 786-0113

CR2E081 (01/04)

212

ROBERT E. MONTGOMERY

1441 S.W. 12TH AVE.
POMPANO BEACH FL 33069
954 786-0113
954 941-8580
BOB@ATETEST.COM

October 26, 2004

To Whom it may concern:

I am sending a copy of the executed paperwork, dated 04/18/03 and a replacement check, for check 10026 that was sent with original paperwork. Apparently this original paperwork and check was lost in mail or the Division Of Corporations. Our records show the original paperwork was mailed on 4-18-03.

Sincerely

Robert E. montgomery