

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 23 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 439142 (1)

1. Corporation Name

LANDAU MORTGAGE COMPANY

2. Principal Office Address

4210 West Platt St.

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

Zip

33609

Country
Hills

3. Mailing Office Address

4210 West Platt St.

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

Zip

33609

Country
Hills

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/31/73

5. FEI Number

59-1496550

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

William J. Switalski

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

620 Twiggs Street

Suite, Apt. #, Etc.

N/A

City

Tampa

State

FL

Zip Code

33602

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

William J. Switalski

REGISTERED AGENT MUST SIGN

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-02/27/01-01090--002

*****8.75 *****8.75

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/D	Eckart, James R.	10017 Hampton Place	Tampa, FL 33618
V	Shaw, Cynthia	3311 West Caracas St.	Tampa, FL 33614
S/D	Lazzara, John J.	3137 Lakestone Dr.	Tampa, FL 33618
T/D	Switalski, William J.	620 Twiggs St.	Tampa, FL 33602

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: *William J. Switalski* William J. Switalski, Tres. 2/7/01 (813) 229-1513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM J. SWITALSKI, treasurer

CR2E081 (9/00)