


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:13

REINSTATEMENT 05-06

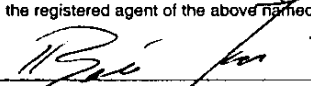
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CR2E081 (12/05)


DOCUMENT # 530434			
1. Corporation Name Landers + Partners, Inc			
2. Principal Office Address 10051 5 th St N Suite, Apt. #, etc. # 106 City & State St Petersburg, FL Zip 33702 Country US		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	

4. Date Incorporated or Qualified To Do Business in Florida 1977	
5. FEI Number 59-1732315	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Bernie Tanzi	
Street Address (P.O. Box Number is Not Acceptable) 416 36 th Ave NE	
Suite, Apt. #, Etc.	
City St Petersburg	State FL Zip Code 33704

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 11/17/06
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
P	Bernie Tanzi	416 36 th Ave NE	St Petersburg, FL 33704
V	Michelle Darr	10412 Brentford Dr	Tampa, FL 33626

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: 	Bernie Tanzi	11/17/06	727-572-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #



2 of 2

November 17, 2006

Re: Reinstatement Waiver, document #530434

To Whom It May Concern:

This letter is to serve as a waiver of the reinstatement fee as we never received any annual report notices in 2005 or 2006.

Also, please note that as of July 16, 2006, we have moved out business. The new address is on the reinstatement form.

Thank you,

A handwritten signature in black ink, appearing to read 'Bernie Tanzi'.

Bernie Tanzi
President