

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 19 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000001023**

1. Corporation Name

LANMARK PROPERTY ADVISORS, INC.

Principal Place of Business

Mailing Address

111 SOUTH BROADWAY #301
ROCHESTER MN 55904

111 SOUTH BROADWAY #301
ROCHESTER MN 55904



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3381 Airport View Dr SW #104

PO Box 249

City & State
Rochester, MN

City & State
Rochester, MN

Zip
55902

Country
USA

Zip
55903

Country
USA

5. FEI Number

41-1789285

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	CHAFOLIAS, ANDREW C	111 SOUTH BROADWAY #301	ROCHESTER MN
V	STEEGE, MARK	3090 16TH AVENUE NORTHWEST 5212 Nicklaus Dr. NW	ROCHESTER MN 55901

200035825642
05/10/04--01091--019 **150.00

200035825642
05/10/04--01091--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Michele Miller
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

4/16/04

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

Mark L. Steege

Date

12/30/03

Daytime Phone #

507-536-6116