

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002074

1. Corporation Name

LANDSAFE CREDIT, INC.

FILED

99 NOV 22 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4500 PARK GRANADA  
CALABASAS CA 91302

Mailing Address

4500 PARK GRANADA-0111  
CALABASAS CA 91302

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

2. New Principal Office Address, If Applicable

1515 WALNUT DRIVE

Suite, Apt. #, etc. RM-05 AH: CRUSII

City & State Rosemead, CA

Zip 91773

Country USA

3. New Mailing Office Address, If Applicable

1515 WALNUT DRIVE

Suite, Apt. #, etc. RM-05 AH: CRUSII

City & State Rosemead, CA

Zip 91773

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1996

5. FEI Number

95-4579803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required  
to Obtain Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
COBO	MOZLO, ANGELO R	4500 PARK GRANADA	CALABASAS CA 91302
CEO	GATES, MARSHALL	4500 PARK GRANADA	CALABASAS CA 91302
<del>OFF</del>	<del>MANE, JOHN</del> <i>DULTE</i>	<del>4500 PARK GRANADA</del>	<del>CALABASAS CA 91302</del> <i>LS</i>
S	SAMUELS, SANDOR E	4500 PARK GRANADA	CALABASAS CA 91302
P	HERSHKOWITZ, BRIAN	4500 PARK GRANADA	CALABASAS CA 91302
AS	PETREY, JANET	4500 PARK GRANADA	CALABASAS CA 91302

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street  
Suite, Apt. #, Etc. 800003063348--3  
City Tallahassee, FL 32303  
Date 12/07/99  
Fees \$750.00  
\$0.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*Laura R. Duff* **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-19-99

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:

*Brian Hershkowitz* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99 629273801  
Date Daytime Phone #