

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 22 AM 8:00

DOCUMENT #

1. Corporation Name

LANDE PARTNERS - PORT CHARLOTTE, INC.

REINSTATEMENT

01-04
MRS

2. Principal Office Address

2101 CRAWFORD STREET

3. Mailing Office Address

same

Suite, Apt. #, etc.

SUITE 220

Suite, Apt. #, etc.

City & State

HOUSTON, TX

City & State

Zip

77002

Country

USA

Zip

Country

200033564642

04/22/04--01051--025 **608.75

200033564642

04/22/04--01051--024 **600.00

4. Date Incorporated or Qualified

To Do Business in Florida JULY 27, 1999

5. FEI Number

76-0612269

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

CRAIG B. SHERMAN, ESQUIRE

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

1000 CORPORATE DRIVE

Suite, Apt. #, Etc.

SUITE 310

City

FORT LAUDERDALE

State

FL

Zip Code

33334

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

Craig B. Sherman

REGISTERED AGENT MUST SIGN

Date 4/21/04

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
PCST	NEIL LANDE	2101 CRAWFORD STREET, #220	HOUSTON, TX 77002

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:

Neil Lande

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

713-961-5900

Daytime Phone #

CR2091 (01/04)