PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	FII 2002 AUG 1 SECRETA TALLAHAS
DOCUMENT # G51470 1. CORPORATION NAME LANDMARK ENTERPRISES, INC.	FILED 2002 AUG 14 PM 12: 13 SECRETARY OF STATE A TALLAHASSEE. FLORIDA
2 Principal Office Address 3. Mailing Office Address 62 LAKE HENRY DRIVE "SAME"	
Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Country Country Country	4. Date Incorporated or Qualified To Do Business in Florida 07/27/1983 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED X
Name Name DAVID S. PLANK Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City LAKE PLACID State State State State State State Tip Code FL 33852 8. 1, being appointed the registered agent of the above remed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent OLIVE Registered Agent	
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least	Date 8/15/02
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
PS/D David S. Plank 62 Lake Henry Dri	ve Lake Placid, FL 33852
	9000071103791 -08/14/0201014028 ***1383:75 ***1350.60
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	