




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 APR 23 PM 2:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>G65943</u>					
1. Corporation Name <u>LS Land Company</u>					
2. Principal Office Address <u>534 Wilson Ave</u>			3. Mailing Office Address <u>534 Wilson Ave</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Tallahassee, FL</u>			City & State <u>Tallahassee, FL</u>		
Zip <u>32303</u>	Country <u>USA</u>	Zip <u>32303</u>	Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>9/30/1983</u>	
5. FEI Number <u>592348853</u>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Melanie Simmons, PhD</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>534 Wilson Ave</u>					
Suite, Apt. #, Etc.					
City <u>Tallahassee</u>			State <u>FL</u>	Zip Code <u>32303</u>	
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 <u>April 23, 2003</u>		
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	
<u>CFO</u>	<u>Mary (Mollie) S. Mayfield</u>	<u>1981 Lyle Ave</u>		<u>College Park, GA 30337</u>	
<u>CEO</u>	<u>Melanie Joy Simmons, PhD</u>	<u>534 Wilson Ave</u>		<u>Tallahassee, FL 32303</u>	
<u>Sec:</u>	<u>Mark Edward Simmons</u>	<u>20 saratoga way</u>		<u>Corvinton, GA 30016</u>	
<u>Ag t:</u>	<u>Melanie Joy Simmons, PhD</u>	<u>534 Wilson Ave</u>		<u>Tallahassee, FL 32303</u>	
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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Melanie Joy Simmons</u>		
			Date <u>April 23, 2003</u>		
			Daytime Phone # <u>850-224-8780</u>		

CR2E081 (10/02)