

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

1998 JAN 30 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98
1/30/98

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **670613**
1. Corporation Name
Florida Land Company

Principal Place of Business Mailing Address
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
12472 Park Avenue
Suite, Apt. #, etc.
City & State
Windermere, FL
Zip
34786 Country
Orange

3. New Mailing Office Address, if Applicable
P. O. Box 1951
Suite, Apt. #, etc.
City & State
Windermere, FL 34786
Zip
34786 Country
Orange

4. Date Incorporated or Qualified To Do Business in Florida
November 18, 1983

5. FEI Number
59-2359710 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED **87.75** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Ronald Campbell	12472 Park Avenue	Windermere, FL 34786
Sec.	Marian Campbell	12472 Park Avenue	Windermere, FL 34786
			600002417576--6 -01/30/98--01071--020 ****750.00 ****750.00
			600002417576--6 -01/30/98--01071--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Ronald Campbell
Street Address (P.O. Box Number is Not Acceptable)
12472 Park Avenue
Suite, Apt. #, Etc.
600002417576--6
City
Windermere FL 34786

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.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date **1/29/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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 Date **1/29/98** (407) 414-3684 Daytime Phone #

CR2E000 (1/98)