PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

APPLICATION FOR S REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

李龙 "我看你来,你只说话。"

DIVISION OF CORPORATIONS

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1. Corporation Name

G78744

THE I	LANDING	GROUP	OF	TAMPA.	INC.
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Principal Place of Business

Mailing Address

3940 KNIGHTS GRIFFIN RD. 3940 KNIGHTS GRIFFIN RD. PLANT CITY FL 33565 PLANT CITY FL 33565 STATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/13/1984 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2422430 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) and/or Directors PD TAYLOR, STEVEN M. 3940 KNIGHTS GRIFFIN RD. PLANT CITY FL 33565 ٧ BLISS, RICHARD C 3940 KNIGHTS GRIFFIN RD. PLANT CITY FL 33565 ST TAYLOR, EUSE 3940 KNIGHTS GRIFFIN RD. PLANT CITY FL 33565 900003274949---2 -06/02/00--01059--028 ***1858.00 ***1850.80 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name BLISS, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 3940 KNIGHTS GRIFFIN RD. Suite, Apt. #, Etc. PLANT CITY FL 33565 City Zip Code State registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the 5-12-00 Signature of Registered Agent Date REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. on intangible tax.) 2. 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 informa

SIGNATURE:

Charle State of the State of th SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.