

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J01910

1. Corporation Name

LANDMARK SYSTEMS, INC.

Principal Place of Business

40 CYPRESS DR.
PALM HARBOR FL 34684

Mailing Address

40 CYPRESS DR.
PALM HARBOR FL 34684

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2642367

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	4 City / State / Zip
PD	HANUS, ROBERT L.	40 CYPRESS DRIVE	PALM HARBOR FL
D	HANUS, JOANN M.	40 CYPRESS DRIVE	PALM HARBOR FL

900008629479
10/28/02--01098--028 **150.00

40 CYPRESS DRIVE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HANUS, ROBERT L.
40 CYPRESS DR.
PALM HARBOR FL 34684

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

ROBERT L. HANUS

REGISTERED AGENT MUST SIGN

Date 10/24/02

11. 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:

ROBERT L. HANUS

10/24/02 727-934-7184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

10/24/2002

Myer
LandMark Systems Inc.

Division of Corporations
Annual Report/reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sirs,

Your "Notification of administrative dissolution" was our first notice that this report was due or past due. I have not received any notification about of this report requirement this year. It could be that because we have been closed for business for longer than 30 days at a time (several times during the year i.e. Jan and May) that this mail was either lost or returned to you.

Therefore, we respectfully request withdrawal of any additional fees and penalties as it would place an undue financial burden on us at this time. I have enclosed the standard fee and completed report and hope that this will be accepted.

Robert L. Hanus

Robert L. Hanus
President