

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 11 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/14/02--01064--008

****150.00 ****150.00

01-02

DOCUMENT # J20928

1. Corporation Name

SOUTHERN LAND COMPANY OF CENTRAL FLORIDA

2. Principal Office Address

808 TOLEDO DR.

3. Mailing Office Address

P.O. Box 161375

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL ALTAMONTE SPRINGS, FL

Zip

Country

32714

USA

Zip

Country

32716-1375

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-2708852

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFF GARNER

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

808 TOLEDO DR.

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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

REGISTERED AGENT MUST SIGN

Date

2/26/02

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
P, S	JEFF GARNER	808 TOLEDO DR.	ALTAMONTE SPRINGS, FL 32714

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

Date

2/26/02 407-709-4406

Daytime Phone #

CR2E081 (9/00)