

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILED

142

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 12 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47897

1. Corporation Name

Tiffany Land Properties, Inc.

2. Principal Office Address

840 US Highway One

3. Mailing Office Address

840 US Highway One

Suite, Apt. #, etc.

435

Suite, Apt. #, etc.

435

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

2002-2003 UBR

500022206505

08/11/03--01021--008 **300.00

4. Date Incorporated or Qualified To Do Business in Florida

12/12/1986

5. FEI Number

59-2757483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Megias

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

840 US Highway One

Suite, Apt. #, Etc.

Suite 435

City

North Palm Beach

State
FL

Zip Code
33408

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

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
PTD	Paul S. Cowan	840 US Highway One, #435	North Palm Beach, FL 33408
SD	Harry Moidell	840 US Highway One, #435	North Palm Beach, FL 33408

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)(j), 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

PAUL S. COWAN

Date

8/5/03

Daytime Phone #

561-624-4855

CR2E081 (10/02)

282

Tiffany Land Properties, Inc.

840 U.S. Highway One
Suite 435

North Palm Beach, Florida 33408

561-624-4855 Fax 561-687-7285

PAULSCOWAN@CS.COM

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: Paul S. Cowan/Tiffany Land Properties, Inc.

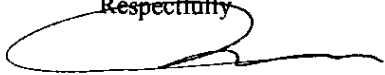
RE: Reinstatement

Enclosed, find a check in the amount of \$300.00 along with a completed reinstatement form.

I know it is my responsibility to file on a timely basis, but I didn't receive the filing form to remind me to do so.

Thanking you in advance for your help in this matter.

Respectfully



Paul S. Cowan, President.