

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # K00659

1. Corporation Name

LEHIGH LANDOWNERS, INC

2. Principal Office Address

952 POMPANO DR

Suite, Apt. #, etc.

3. Mailing Office Address

952 POMPANO DR

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458

Country

USA

Zip

33458

Country

USA

7. Name and Address of Current Registered Agent

Name

DANIEL A RAHFELDT

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

952 POMPANO DR.

Suite, Apt. #, Etc.

200003534022-1

01/12/01-01/06-004

***1200.00 1200.00

City

JUPITER, FL

State

FL

Zip Code

33458

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

Date 12/24/00

REGISTERED AGENT MUST SIGN

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
PRDS	DANIEL A. RAHFELDT	952 POMPANO DR	JUPITER, FL, 33458

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:

DANIEL A RAHFELDT

12/24/00

561
744-8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #