


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #K00659 (8)			
1. Corporation Name LEHIGH LANDOWNERS, INC.			
2. Principal Office Address 825 PARKWAY ST Suite, Apt. #, etc. SUITE 32 City & State JUPITER, FLORIDA Zip 33477 Country USA		3. Mailing Office Address PO BOX 7117 Suite, Apt. #, etc. City & State JUPITER, FLORIDA Zip 33468 Country USA	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

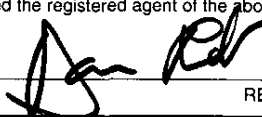
REINSTATEMENT 01-04

4. Date Incorporated or Qualified To Do Business in Florida 11/03/1987	
5. FEI Number 65-0049464	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name DANIEL RAHFELDT			
Street Address (P.O. Box Number is Not Acceptable) 825 PARKWAY ST			
Suite, Apt. #, Etc. SUITE 32			
City JUPITER		State FL	Zip Code 33477

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 4/27/04

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	DANIEL 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:



DAN RAHFELDT

4/27/04

561-744-8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #