

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 8:38

DOCUMENT # L00000013611

1. Corporation Name

RMS LAND COMPANY L.L.C.

2. Principal Office Address

4101 W. COLONIAL DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

32808

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/2000

5. FEI Number

59-3696408

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

VICTORIA SZABO

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

605 S. COUNTRY CLUB ROAD

Suite, Apt. #, Etc.

City

LAKE MARY

State
FL

Zip Code
32746

02-05

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

Victoria Szabo

REGISTERED AGENT MUST SIGN

Date 5/12/05

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
MR	MICHAEL L. SMITH	345 NEBRASKA AVE	LONGWOOD, FL. 32750
MS	ROBERTA E. SMITH	141 VARIETY TREE CIRCLE	ALTAMONTE SPRINGS, FL. 32714
MR	STEWART O. SMITH	3401 FERNLAKE PLACE	LONGWOOD, FL. 32779

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05/10/05--01077--007 **200.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/05

Date

407-299-1120

Daytime Phone #

CR2E081 (01/05)