

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-26-03
350.00

FILED

2007 MAR 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L020000007299

1. Corporation Name

Landol Properties, LC

2. Principal Office Address - No P.O. Box #

26 Castle Road

Suite, Apt. #, etc.

3. Mailing Office Address

26 Castle Road

Suite, Apt. #, etc.

City & State

Northborough, MA

City & State

Northborough, MA

Zip

01532

Country

USA

Zip

01532

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 20, 2002

5. FEI Number

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 Martyn W.D. Vester

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

9425 Sunset Drive

Suite, Apt. #, Etc.

Ste 124

City

Miami

State

FL

Zip Code

33173

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Martyn Vester

Date 3/21/07

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
Pres	Minerva Landol	26 Castle Road	Northborough MA 01532
			300095788213
			04/04/07--01025--023 **350.00

REINSTATEMENT 03-07

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 contained in Chapter 119, 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:

Minerva Landol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.07 (508) 254-1793

Date

Daytime Phone #