

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JAN 16 PM 2:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025809

Name and Mailing Address

0009901 01 AT 0.292 \*\*AUTO T6 0 0615 33710-622822



LANDMARK INVESTORS GROUP OF BRANDON, LLC  
5922 - 9TH AVE. NORTH  
ST. PETERSBURG FL 33710-6228



NEW 9071-BAYWOOD PARK DR.  
SEMINOLE, FL 33777

2. New Mailing Address <del>510 VANDERBURG DR.</del>		4. State/Country of Formation FL	
City, State, Zip <del>BRANDON FL 33511</del>		5. Date Organized or Qualified To Do Business in Florida 09/27/2002	
Principal Place of Business 5922 - 9TH AVE. NORTH ST. PETERSBURG FL 33710	3. New Principal Place of Business Address SAME AS ABOVE		6. FEI Number Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CHADWICK, KEVIN L 5922 - 9TH AVE. NORTH ST. PETERSBURG FL 33710		9. Name and Address of New Registered Agent Name: KEVIN L. CHADWICK Street Address (P.O. Box Number is Not Acceptable): 9071-BAYWOOD PARK DR City: SEMINOLE FL Zip Code: 33777	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN

Date: 11/28/03

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	KEVIN L. CHADWICK	9071 BAYWOOD PARK DR.	SEMINOLE FL 33777
300027098079 01/16/04--01035--019 **200.00			
<b>REINSTATEMENT 2003-04</b>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [Signature] Date: 11/28/03 Daytime Phone #: 813-244-0029

Typed or printed name of signing Managing Member/Manager: \_\_\_\_\_

CR2E034 (7/03)