

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FORM 96 REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">FILED</p> <p style="text-align: center;">96 DEC -9 AM 9:30</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="text-align: center;">200002026352--9 -12/11/96--01076--008 *****583.75 *****583.75</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">REINSTATEMENT 95-96</p>																													
<p>DOCUMENT # <u>L18349</u></p> <p>1 Corporation Name</p> <p><u>LANDIER Concepts Inc.</u></p> <p>Principal Place of Business Mailing Address</p> <p><u>12963 South Indian River Dr</u> <u>Jensen Beach, FL 34957</u></p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																																	
<p>2 New Principal Office Address, If Applicable</p> <p><u>above</u></p> <p>Suite, Apt. #, etc.</p>		<p>3 New Mailing Address, If Applicable</p> <p><u>above</u></p> <p>Suite, Apt. #, etc.</p>		<p>4 Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: center;"><u>10-89</u></p>																													
<p>City & State</p> <p><u>Jensen Beach FL</u></p> <p>Zip Country</p> <p><u>34957</u> <u>USA</u></p>		<p>City & State</p> <p>Zip Country</p>		<p>5 FEI Number</p> <p><u>65-0150383</u></p> <p>Applied For</p> <p>Not Applicable</p>																													
<p>6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>				<p><small>\$8.75 Additional Fee required for a Certificate of Status.</small></p>																													
<p>7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Sandra Gonzalez</td> <td>12963 S. Indian River Dr</td> <td>Jensen Beach, FL 34957</td> </tr> <tr> <td>V. Pres</td> <td>Jorge L Gonzalez</td> <td>above.</td> <td>above</td> </tr> <tr> <td>Sec</td> <td>PILAR Gonzalez</td> <td>3025 SW 78 AV</td> <td>Miami FL 33355</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Pres.	Sandra Gonzalez	12963 S. Indian River Dr	Jensen Beach, FL 34957	V. Pres	Jorge L Gonzalez	above.	above	Sec	PILAR Gonzalez	3025 SW 78 AV	Miami FL 33355												
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<p>8. Name and Address of Current Registered Agent</p>			<p>9. Name and Address of New Registered Agent</p> <p>Name <u>Sandra Gonzalez</u></p> <p>Street Address (P.O. Box Number is Not Acceptable) <u>12963 S. Indian River Dr</u></p> <p>Suite, Apt. #, Etc.</p> <p>City <u>Jensen Beach</u> State <u>FL</u> Zip Code <u>34957</u></p>																														
<p>10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u>[Signature]</u> Date <u>12/4/96</u></p> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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.</p>																																	
<p>SIGNATURE <u>[Signature]</u> <u>SANDRA GONZALEZ</u> <u>12/4/96</u> <u>561-229-3341</u></p> <p style="text-align: center;"><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small></p>																																	

CR2040 (12/95)