

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 15 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L64175

**1. Corporation Name**

LANDI & ASSOCIATES INC.

**2. Principal Office Address**

9100.

8631 REGENCY PARK

Suite, Apt. #, etc.

N/A

City & State

PORT RICHEY FL

Zip

34668

Country

FLASCO

**3. Mailing Office Address**

1

11

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

593 000 241

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

GRACE HAINES

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

7140 ROCKWOOD DR. PORT RICHEY FL 34668

Suite, Apt. #, Etc.

N/A

City

PORT RICHEY

State

FL

Zip Code

34668

**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

(X) Grace Haines

Date

10-10-01

REGISTERED AGENT MUST SIGN

**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.	FRANK LANDI	7140 ROCKWOOD DR. <del>PORT RICHEY FL 34668</del>	PORT RICHEY FL 34668
V.P.	ROGER LANDI	45-65 MITCHER LN.	NEW PORT RICHEY FL 34652
V.P.	ANTHONY R LANDI	7140 ROCKWOOD DR.	PORT RICHEY FL 34668
SEC.	GRACE HAINES	7140 ROCKWOOD DR.	PORT RICHEY FL 34668
			mw

**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:

ANTHONY R LANDI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-01

Daytime Phone #

727 842-7930

CR2E081 (9/00)

282

**LANDI & ASSOCIATES, INC.**  
*Insurance and Financial Services*

8631 Regency Park Blvd.  
Port Richey, FL 34668

Phone 727.842.7930  
Fax 727.847.4271

October 11, 2001

Department of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

Dear Katherine Harris,

My corporation 59-3000241 was incorporated in 1990 and has never failed to renew filing. For some reason, in checking Internet services today, I find that our Corporation is listed as INACTIVE. I have had our mail clerk verify all mail logs for the this complete year and find we have no record of ever receiving renewal notice.

I called your office and am informed renewal procedures will require a penalty of \$ 600.00 to renew our active status in addition to our regular filing fee. It was and never has been our intention of discontinuing our active status.

I respectfully request our reinstatement to ACTIVE and that we not be subject to penalty fees. I have checked our incoming mail logs and we have no record of receiving renewal forms. If you can send me information to the contrary please do.

I enclose reinstatement form and our check for \$ 150.00 and request your help involving this dilemma and placing Landi & Associates Inc. back on ACTIVE status.

Sincerely,



Frank Landi  
Pres.