

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000019634

1. Corporation Name

ROGER LANDER, P.A.

FILED

02 OCT 28 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~16324 MALIBU DRIVE~~

~~WESTON FL 33326~~

16429 NW 16 ST
PEMBROKE PINES FL 33028

~~16324 MALIBU DRIVE~~

~~WESTON FL 33326~~

(SAME)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16429 NW 16 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16429 NW 16 ST

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/2000

5. FEI Number

65-0981223

Applied For

Not Applicable

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES

Zip

33028

Country USA

Zip 33028

Country USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

1 2 Name of Officers
and/or Directors

3 Street Address of Each
Officer and/or Director

4 City / State / Zip

P

LANDER, ROGER

~~16324 MALIBU DR~~

16429 NW 16 ST

~~FORT LAUDERDALE FL 33326~~

PEMBROKE PINES
FL 33028

400008626294
10/28/02--01086--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANDER, ROGER

~~16324 MALIBU DRIVE~~

~~WESTON FL 33326~~

16429 NW 16 ST
PEMBROKE PINES
FL 33028

Name

ROGER LANDER

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

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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. or 617.0505, F.S.

Signature of
Registered Agent

Roger Lander
REGISTERED AGENT MUST SIGN

Date 10-21-02

11. 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:

Roger Lander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02 954 349-4768

Date

Daytime Phone #

October 24, 2002

TO: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FR: Roger Lander
Roger Lander, P.A.
16429 NW 16 St.
Pembroke Pines, FL 33028

65-0981223

RE: APPLICATION FOR REINSTATEMENT

I have not received prior UBR notices since the Corporation moved to the above address from Malibu Drive in Weston in late 2001.

Attached is the fully completed Application together with the UBR filing fee of \$150.00 for a for-profit corporation.

Please contact me at (943) 349-4768 if you need any additional information.

Sincerely,

A handwritten signature in cursive script that reads "Roger Lander". The signature is fluid and written in dark ink.

Roger Lander
President
Roger Lander, P.A.