

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVE
AND
FILED

06 JUL 10 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000032454

1. Corporation Name

LAND SECURITIES AND INVESTMENTS CORP.

2. Principal Office Address

13862 Seminole Blvd.

Suite, Apt. #, etc.

City & State

Seminole, Florida

Zip

33776

Country

USA

3. Mailing Office Address

13862 Seminole Blvd.

Suite, Apt. #, etc.

City & State

Seminole, Florida

Zip

33776

Country

USA

REINSTATEMENT

02-02

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2000

5. FEI Number

593639730

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

John P. Martin, Esq.

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

401 S. Lincoln Avenue

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

Date 6-20-06

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.	RONALD W. KUPER	111 22nd Street	Belleair Beach, Fl. 33784
			600077720018 07/19/06--01023--022 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/06