

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 10 PM 12:01

DOCUMENT # P000000 41949

1. Corporation Name

Simons & Wolfe Land Co., Inc

2. Principal Office Address

6305 Chancellor Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32809

Country

Orange

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32809

Country

Orange

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

04/24/2000

5. FEI Number

59-3648297

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

Harris N. Droves, Esq.

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

5141 Garlanger Trail

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/8/02

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	DAVID B. SIMONS	100 Palmetto Ct	Longwood, FL 32779
Sec	Daniel B. Wolfe	15703 Vista Verde Dr	Monte Verde, FL 34756

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: *[Signature]*

DAVID B. SIMONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-02

Date

407-843-3141

Daytime Phone #

CR2E081 (9/01)