

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 16 PM 1:22

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000045174

1. Corporation Name

Landmark Financial Services, Inc

REINSTATEMENT 01-03

100021589381

07/16/03--01037--014 \*\*1050.00

2. Principal Office Address

121 Fairfield Way

Suite, Apt. #, etc.

Suite 300

City & State

Bloomington Illinois

Zip

60108

Country

DuPage

3. Mailing Office Address

121 Fairfield Way

Suite, Apt. #, etc.

Suite 300

City & State

Bloomington Illinois

Zip

60108

Country

DuPage

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

36-4248796

☒ 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

Teresa Providence

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

201 SE 3rd AVE

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

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

Teresa Providence

REGISTERED AGENT MUST SIGN

Date

7-1-03

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
CEO	Bryan Hanson	121 Fairfield Way #300	Bloomington IL 60108
VP	DAVE VANCE	121 Fairfield Way #300	Bloomington IL 60108

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/3/03

Daytime Phone #

630-529-7700

CR2E081 (10/02)