

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 27 PM 3:58

DOCUMENT # P00000093669

**1. Corporation Name**

LandPro Realty Inc

6405 NW 36th Street

6405 NW 36th Street

**2. Principal Office Address**

6405 NW 36th Street

**3. Mailing Office Address**

6405 NW 36th Street

**Suite, Apt. #, etc.**

204

**Suite, Apt. #, etc.**

204

**City & State**

Virginia Gardens, Florida

**City & State**

Virginia Gardens, Florida

**Zip**

33166

**Country**

USA

**Zip**

33166

**Country**

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 2000

**5. FEI Number**

651054179

☒ 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**

Maria Elena Brackett

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

6405 NW 36th Street

**Suite, Apt. #, Etc.**

204

**City**

Virginia Gardens

**State**

FL

**Zip Code**

33166

**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

12-21-04

**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
pvt/d	Maria Elena Brackett	6405 NW 36th Street suite 204	Virginia Gardens, FL 33166

2000043654642  
12/27/04--01091--025 \*\*1058.75

**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

Daytime Phone #

12-21-04 305 876-9009

12/28/04

CP20001 (01/04)