

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -3 AM 8:26

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000044971

1. Corporation Name
Nassau Land Company Enterprises

2. Principal Office Address
5336 Hwy. 98 North
Suite, Apt. #, etc. -

3. Mailing Office Address
5336 Hwy. 98 North
Suite, Apt. #, etc. -

City & State
Lakeland, FL
Zip Country
33809 Polk

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Lakeland, FL
Zip Country
33809 Polk

4. Date Incorporated or Qualified
To Do Business in Florida April 9, 2002

5. FEI Number 03-0510115
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name Theodore C. Bentley
Street Address (P.O. Box Number is Not Acceptable)
5336 Hwy. 98 North
Suite, Apt. #, Etc. -
City Lakeland,

508828153325
02/03/04--01060--012 **300.00
State Zip Code
FL 33809

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 *Theodore C. Bentley* Date January 29, 2004
REGISTERED AGENT MUST SIGN

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
P / D	Theodore C. Bentley	1119 1/2 Josephine St.	Lakeland, FL 33815
V/S/D	Howard C. Hanson	4670 SW 13th St.	Deerfield Beach, FL 33442

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: *Howard C. Hanson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 2004 (863) 816-8859
Date Daytime Phone #

CR2E081 (10/02)

Nassau Land Company

A Community Developer

January 29, 2004

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

Re: Corporation Reinstatement

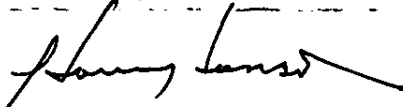
To Whom It May Concern,

We are asking you to kindly waive the \$600.00 reinstatement fees involved on this application as we never received the renewal forms. Conditions caused us to move locations several times during the last year and the mail didn't keep up.

Per Ms. Ruby's instructions, we are enclosing our check # 1061 for \$300.00 for years 2003 and 2004.

Thank you for your consideration.

Sincerely,



Howard C. Hanson
Vice President