

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000087199

1. Entity Name  
LANDCO INVESTMENT CORP.



FILED

05 SEP 26 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
301 S.E. VERADA AVENUE  
PORT ST. LUCIE, FL 34983  
*changed to*

Mailing Address  
301 S.E. VERADA AVENUE  
PORT ST. LUCIE, FL 34983

2. Principal Place of Business  
1060 PORT ST. LUCIE BLVD

3. Mailing Address  
1060 PORT ST LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09232005 REIN-P CR2E098 (6/04)

City & State  
Port Saint Lucie

City & State  
Port ST. LUCIE

4. FEI Number  
81-0566005

Applied For  
Not Applicable

Country  
FLA 34952

Country  
USA 34952

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SHILD, BONNIE  
301 S.E. VERADA AVENUE  
PORT ST. LUCIE, FL 34983  
*1060 PORT SAINT LUCIE BLVD, 34952*

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
O'DONNELL, NICOLE  
301 S.E. VERADA AVENUE  
PORT ST. LUCIE, FL 34983  
*1060 PORT ST LUCIE BLVD, 34952*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800060053898  
09/29/05--01012--016 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SHILD, BONNIE  
301 S.E. VERADA AVENUE  
PORT ST. LUCIE, FL 34983  
*1060 PORT ST. LUCIE BLVD, 34952*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
*09/27*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

712-201-0677