

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 APR -6 AM 11:30

DOCUMENT # P03000027649

1. Corporation Name

SOUTHERN LAND VENTURES, INC.

4931 S.E. ANCHOR AVE.

4931 S.E. ANCHOR AVE.

REINSTATEMENT 08-09ks

2. Principal Office Address - No P.O. Box #

6531 SE FEDERAL HWY, H202

3. Mailing Office Address

6531 SE FEDERAL HWY, H202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 03/10/2003

City & State

STUART, FLORIDA

City & State

STUART, FLORIDA

5. FEI Number 51-0450735

Applied For Not Applicable

Zip

34997

Country

USA

Zip

34997

Country

USA

6. CERTIFICATE OF STATUS DESIRED [] \$1.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GRUDOVICH, GREGORY J.

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

6531 SE FEDERAL HWY, H202 4931 S.E. ANCHOR AVE.

Suite, Apt. #, Etc.

[X] The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

City

STUART

State FL

Zip Code 34997

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 3/20/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GREGORY GRUDOVICH	6531 SE FEDERAL HWY, H202 4931 S.E. ANCHOR AVE.	STUART, FL 34997

000147544770 03/26/09 01020 031 ***150.0

000147544770 04/06/09 01045 025 ***150.0

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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: [Handwritten Signature]

PRESIDENT

3/20/09 772-607-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #