

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 20 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

03000071602

Landen Technologies
Group, Inc.

REINSTATEMENT

6407

ep

CR2E081 (1/07)

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

356 Cello St

Suite, Apt. #, etc.

3. Mailing Office Address

356 Cello St

Suite, Apt. #, etc.

City & State

Davenport, FL

City & State

Davenport, FL

Zip

33896

Country

USA

Zip

33896

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 2003

5. FEI Number

51-0477898

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

James D. Collins

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

356 Cello St

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33896

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.

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

James D. Collins

REGISTERED AGENT MUST SIGN

Date 3-19-07

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/A/D | James D Collins | 356 Cello St | Davenport, FL 33896 |
| T/S | Farrah G Collins | 356 Cello St | Davenport FL 33896 |
| | | | |
| | | | |
| | | | |

20036307508
04/04/07--01043--004 **\$00.00

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 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:

James D Collins James D Collins

Date

3-19-07

8103-441-3284

Daytime Phone #