

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000080230

1. Corporation Name

OSPREY LAND HOLDINGS, INC.

2. Principal Office Address - No P.O. Box #
848 CARAWAY CT

Suite, Apt. #, etc.

City & State
WELLINGTON

Zip
33414

Country
PALM BEACH

3. Mailing Office Address
848 CARAWAY CT

Suite, Apt. #, etc.

City & State
WELLINGTON

Zip
33414

Country
PALM BEACH

REINSTATEMENT 05-07
5/3/05 90153036 #150.00
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **7/22/2003**

5. FEI Number
200102800

☐ 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
OLIVER C SUESS

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

Suite, Apt. #, Etc.

City
WELLINGTON

State Zip Code
FL 33414

☒ 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

REGISTERED AGENT MUST SIGN

000109200520
05/12/05 Date - 010111 - 014 33414 00

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
D,P	OLIVER C SUESS	848 CARAWAY CT	WELLINGTON, FL 33414
D	ANGELO ABBENANTE	6542 HYPOLUXO RD APT 196	LAKE WORTH, FL 33467
D	ANTONIO VITIELLO	3520 S OCEAN BLVD APT F104	PALM BEACH, FL 33486

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:

Oliver C Suess

OLIVER C SUESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-795-9806

Daytime Phone #

2/2

OSPREY LAND HOLDINGS, INC.
848 CARAWAY COURT
WELLINGTON, FL 33414

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

Attn: Michelle (850-245-6017;850-245-6027)

Re: Osprey Land Holdings, Inc. (P03000080230)

Dear Michelle;

As per our conversation, we are requesting to be reinstated and the penalties waive. Enclosed you will find a copy of the cancelled check for the year 2005. For the year 2006, check #4547, dated 04/26/06, never clear the bank. We did not receive notification that there were any problems. When we try to file online this year, our corporation was dissolve. Included are reinstatement application and a check for \$300.00 as per your instructions.

Thank you for all your help in solving this matter.

Sincerely,



Oliver C. Suess
President