

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 11 PM 3:19

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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12/11/07--01045--004 **300.00

DOCUMENT # P04000100317

1. Corporation Name

Ixtlan Properties, Inc.

REINSTATEMENT 06-07

2. Principal Office Address - No P.O. Box #
721 NE 3rd St.

3. Mailing Office Address
721 NE 3rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

4. Date Incorporated or Qualified To Do Business in Florida
9/15/2006

5. FEI Number
41-2143171

Applied For
Not Applicable

Zip
32601

Country
USA

Zip
32601

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Thomas H. Levy

Street Address (P.O. Box Number is Not Acceptable)
721 NE 3rd St.

Suite, Apt. #, Etc.

City
Gainesville

State
FL

Zip Code
32601

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

Date

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/T	Thomas H. Levy	721 NE 3rd St.	Gainesville, FL 32601
	<i>[Signature]</i>		

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:

Thomas H. Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-07
Date

352-874598
Daytime Phone #