
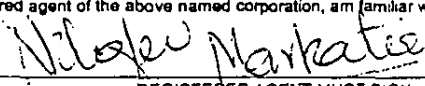
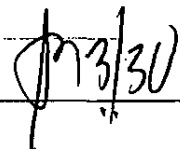
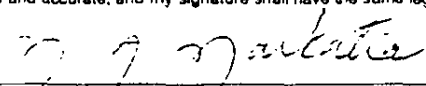


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000005133			
1. Corporation Name  LANDS OF AMERICA, INC.			
2. Principal Office Address - No P.O. Box # 21712 CARTAGENA DRIVE		3. Mailing Office Address 21712 CARTAGENA DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33428	Country USA	Zip 33428	Country USA
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 01-11-2005	
Name NILOFER MARKATIA		5. FEI Number 05-0614845	
Street Address (P.O. Box Number is Not Acceptable) 21712 CARTAGENA DRIVE		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$275 Additional Fee required for a Certificate of Status	
City BOCA RATON		State FL	
		Zip Code 33428	
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 MARCH 17, 2009	
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	MOHAMMED A. MARKATIA	21712 CARTAGENA DRIVE	BOCA RATON, FL 33428
			
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: 		Date 3/17/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-17-09	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

\$450.00  
07-09

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03/27/09--01032--001 \*\*\*450.00

FAVOR CHECK 3/21/09