

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

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BA7315160607

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**CORPORATION REINSTATEMENT
TEXAS LAND HOLDINGS, INC.**

Certificate of Status	0
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Page Count	02
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\$900.00

Electronic Filing Menu

Corporate Filing Menu

Help

H12000047074 3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P07000042702					
1. Corporation Name Texas Land Holdings, Inc.					
2. Principal Office Address - No P.O. Box # 9350 Conroy Windermere Road			3. Mailing Office Address 9350 Conroy Windermere Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Windermere, FL			City & State Windermere, FL		
Zip 34786	Country USA	Zip 34786	Country USA	4. Date Incorporated or Qualified To Do Business in Florida April 5, 2007	
5. FEI Number 26-0306364				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 Addition of Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CorpDirect Agents, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S. Signature of Registered Agent <i>Michele Holden</i> Michele Holden, Asst. Secretary Date 02/22/2012 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	
DPS	Rasesh Thakkar	9350 Conroy Windermere Road		Windermere, FL 34786	
DVT	Jefferson R. Voss	9350 Conroy Windermere Road		Windermere, FL 34786	
10. E-mail Address: lstoudenmire@tavistock.com (To be used for future annual report notification)					
11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: <i>[Signature]</i> 02.20.2012 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR H12000047074 3					

REINSTATEMENT 11-12

CR22081 (12/10)

FEB 22 2012

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