

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 98 DEC 24 AM 10:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004565**

1. Corporation Name

LENNAR FLORIDA LAND III Q.A., INC.

Principal Place of Business

Mailing Address

760 NW 107TH AVE
 SUITE 400
 MIAMI FL 33172

760 NW 107TH AVE
 SUITE 400
 MIAMI FL 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0373288	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
AS	NEALON, THOMAS F III	760 NW 107TH AVENUE, STE 400	MIAMI FL
DVP	LEWIS, WILLIAM M JR.	1585 BROADWAY 37TH FLOOR	NEW YORK NY 10036
DPST	KRASNOFF, JEFFERY P	700 NW 107 AVE. STE. 400	MIAMI FL 33172
VP	LEVIN, DAVID	760 NW 107 AVE, STE 400	MIAMI FL
VP	BLASER, THEKLA	760 NW 107TH AVENUE, SUITE 400	MIAMI FL
VP	Schrager, Ronald E.	760 NW 107th Ave., Ste. 400	Miami, FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEALON, THOMAS F 760 NW 107 AVE. SUITE 400 MIAMI FL 33172		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Thomas F. Nealon* **SIGNATURE REQUIRED** Date 12/4/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Ronald E. Schrager* **SIGNATURE REQUIRED** Ronald E. Schrager 12/4/98 (305) 220-4300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2500 (9/98)