

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1992

5. FEI Number

65-0373288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
AS	NEALON, THOMAS F III	760 NW 107TH AVENUE, STE 400	MIAMI FL
D/VP	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

NEALON, THOMAS F
760 NW 107 AVE.
SUITE 400
MIAMI FL 33172

7000002726567--0
-12/30/98--01072--001
****750.00 ****750.00

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/4/98

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Schrager

12/4/98

Date

(305) 220-4300

Daytime Phone #

CR2E040 (9/98)