

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000010419

1. Corporation Name

A.P. LAND DEVELOPMENT, CORP.

2. Principal Office Address

1401 South State Road 7

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33023

Country

3. Mailing Office Address

1401 South State Road 7

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33023

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/9/92

5. FEI Number

650431351

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED
01 FEB 19 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-02/28/01--01009--008

***1058.75 ***1058.75

7. Name and Address of Current Registered Agent

Name

Fredric I. Gottlieb, Esq.

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

350 East Las Olas Boulevard

Suite, Apt. #, Etc.

Suite 1700

City

Fort Lauderdale

State
FL

Zip Code
33301

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

REGISTERED AGENT MUST SIGN

Date

2/13/01

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
PD	Albert Petrassi, Jr.	1401 South State Road 7	Hollywood, FL 33023

REINSTATEMENT

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)