

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT # P93000014808**

1. Corporation Name

**LENNAR FLORIDA LAND VI Q.A., INC.**

Principal Place of Business

760 NW 107TH AVE  
 SUITE 400  
 MIAMI FL 33172

Mailing Address

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**

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1993

5. FEI Number

65-0393133

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

8. Name and Address of Current Registered Agent

NEALON, THOMAS F III  
 760 NW 107 AVE  
 STE 400  
 MIAMI FL 33172

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

*Thomas F. Nealon*  
 REGISTERED AGENT MUST SIGN

Date 12/23/98

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:

*Ronald E. Schrager*

Ronald E. Schrager, V.P. 12/23/98 (305) 229-6692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (9/98)