**:** 

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
	PORATION STATEMENT	Secreta	RTMENT OF STATE  ry of State  corporations	F		D		
DOCUMENT # P93000046485					2004 SEP 10 ₱ 2: 46			
1. Corporation Name $L \cdot A \cdot G \cdot P \cdot , INC \cdot .$					SECRETARY OF STATE TALLAHASSEE, FLORIDA 900040968319 09710/0401058015 **8.75			
	Office Address  W. PALMETTO PK RO.	3. Mailing Office Addr	illing Office Address (Stm&)		900040968319 09/10/0401058014 **1500.00			
Suite, Apt. #, ヸ 2	, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida  7/0/73				
City & State	RATON FZ.	City & State		5. FEI Number 65-07 39039 Applied For				
Zip 334	Country	Zip	Country	6. CERTIFICATE		29.75 A 160		
		7. Name and	Address of Current Regist	ered Agent				
	Name JEAF KUNE							
	Street Address (P.O. Box Number is Not Acceptable) 1355 W. PALNETTO PARK RD. #760 B							
	Suite, Apt. #, Etc. # 26 0				- · · <u>-</u>			
	BOCA PATOS	4		,	State FL	Zip Code 33 48-6		
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								
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			
PRES.	JEH KUNG	135.	5 w. Palmetto	PE Rd. #260	BOCA	Enton, Le 33	486.	
						AL		
						- Man	-	
			A TOTAL OF THE PARTY OF THE PAR	NELZAGE VVELZAGE	-600 (178.8)	00.09		
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 SIGNATURE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date								
ì	SIGNATURE AND TYPED OR PR	IINTED NAME OF SIGNING O	FFICER OR DIRECTOR	/	Daté	Daytime Phone #	1	

Land America Investment Fund I, Ltd.

## Memorandum

To:

Department of State

From:

Jeff Kune

Date:

9/02/04

Re:

Reinstatements. L.A.G.P., Inc. and Land America Investment Fund I, Ltd.

Per conversation with Jason, I have enclosed the following forms and checks for reinstatements:

L.A.G.P., Inc. - Corporate Reinstatement form.
 DMG Capital check # 1510 in the amount of: \$1,500.00

An additional \$8.75 check (#1512) is enclosed for a certificate of status.

 Land America Investment Fund I, Ltd. – Limited Partnership Reinstatement form. DMG Capital check #1509 in the amount of: \$6,157.00.

An additional \$8.75 check (#1511) is enclosed for a certificate of status.

If there are any questions, I can be reached at 561 702 8262. And my email is <a href="mailto:DMGCapital@aol.com">DMGCapital@aol.com</a>. Thank you.

Jeff Kune