

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 # **PA4000002804**

1. Corporation Name

LANDMARK COMPONENTS, INC.

FILED

98 SEP -4 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1750 N. MANGO Rd. # 303
WEST PALM BEACH, FL 33409-5266**

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

2. New Principal Office Address, If Applicable

SAME
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
P/D	DAWN DEPICCIOTTO	1750 N. MANGO Rd # 303 WEST PALM BEACH, FL 33409	WEST PALM BEACH, FL 33409

REINSTATEMENT

400002640114-7

**08/15/98 01066-009
***1200.00 ***1200.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **DAWN DEPICCIOTTO**
Street Address (P.O. Box Number is Not Acceptable) **1750 N. MANGO Rd. # 303**
Suite, Apt. #, Etc. **# 303**
City **WEST PALM BEACH** State **FL** Zip Code **33409**

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 **X Dawn Depicciotto**
REGISTERED AGENT MUST SIGN

Date **8/31/98**

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: **X Dawn Depicciotto**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/98
Date

Daytime Phone #