

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 23 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021787

1. Corporation Name

SLAND CAPITAL INVESTMENTS, INC.

Principal Place of Business

% WILLIAM P. MCCAUGHAN
80 S.W. 8TH ST., STE 2803 WORLD TRADE CNTR
MIAMI FL 33130

Mailing Address

% WILLIAM P. MCCAUGHAN
80 S.W. 8TH ST., STE 2803 WORLD TRADE CNTR
MIAMI FL 33130



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0494310

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	KIRBY, RICHARD	% 80 S.W. 8 ST., STE. 2803	MIAMI FL 33130
DV	KIRBY, KITTY	% 80 S.W. 8 ST., STE. 2803	MIAMI FL 33130
DST	KIELLAND, RICHARD K	% 80 S.W. 8 ST., STE. 2803	MIAMI FL 33130
D	MCCAUGHAN, WILLIAM P	% 80 S.W. 8 ST., STE. 2803	MIAMI FL 33130

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

MCCAUGHAN, WILLIAM P
80 S.W. 8TH ST.
SUITE 2803 - WORLD TRADE CENTER
MIAMI FL 33130

300003087639--6

01/04/00-01068-002
****758.75 ****758.75

FL

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

William P. McCaughan
REGISTERED AGENT MUST SIGN

Date

12/15/99

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:

William P. McCaughan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #