

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PR4000037042

1. Corporation Name

Summervan Land Co. Inc.

Principal Place of Business

1142 Barbados St.
Deltona FL 32725

Mailing Address

1142 Barbados St.
Deltona, FL 32725

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

REINSTATEMENT 08-99

2. New Principal Office Address, if Applicable <u>577 Deltona Blvd</u> Suite, Apt. #, etc. <u>Suite 20</u> City, State <u>Deltona Florida</u> Zip <u>32725</u> Country <u>USA</u>		3. New Mailing Office Address, if Applicable <u>P.O. Box 5357</u> Suite, Apt. #, etc. City & State <u>Deltona Florida</u> Zip <u>32728</u> Country <u>USA</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>5-19-94</u>	
5. FEI Number <u>59-3325269</u>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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. Titles	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
PRES.	<u>Stanley J. Smith</u>	<u>577 Deltona Blvd</u> <u>Suite 20</u>	<u>Deltona FL</u> <u>32725</u>
VP	<u>Samuel Smith</u>	<u>1142 Barbados St.</u>	<u>Deltona, FL</u> <u>32725</u>

8. Name and Address of Current Registered Agent <u>Deisilla Smith</u> <u>1142 Barbados St.</u> <u>Deltona, FL 32725</u>		9. Name and Address of New Registered Agent Name <u>Stanley J. Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>577 Deltona Blvd.</u> Suite, Apt. #, Etc. <u>Suite 20</u> City <u>Deltona</u> State <u>FL</u> Zip Code <u>32725</u>	
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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 [Signature] Date 8-1-99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stanley J. Smith Date 8-1-99 Daytime Phone #

CR2001 (12/98)