

12/04/2002

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NO. 200

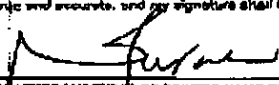
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM - 4 PM 11:55

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P94000044674 1. Corporation Name S & D Land Development, Inc. 102-33604					
2. Principal Office Address		3. Mailing Office Address		REINSTATEMENT 96-02 WORK	
2160 NW 79th Street		2160 NW 79th Street		4. Date Incorporated or Qualified To Do Business in Florida June 15, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0612224	
City & State		City & State		Applied For Not Applicable	
Miami, Florida		Miami, Florida		6. CERTIFICATE OF STATUS DESIRED ☒	
Zip	Country	Zip	Country	3375 Additional Fee required for a Certificate of Status	
33147	USA	33147	USA		

7. Name and Address of Current Registered Agent	
Name Courtney Longman	
Street Address (P.O. Box Number is Not Acceptable) 2160 NW 79th Street	
Suite, Apt. #, etc.	
City	State Zip Code
Miami	FL 33147

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.			
Signature of Registered Agent		Date	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/D	M. Turner	2160 NW 79th Street	Miami, FL 33147
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)(b), 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: 		Date 11-18-02	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

CORPORATION REINSTATEMENT

S & D LAND DEVELOPMENT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,658.75