12/04/2002 15:47 CORPDIRECT → 2050384 NO.200 002

1 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 02 DEC -4 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044674

1. Corporation Name

S & D Land Development, Inc.

W02-331604

REINSTATEMENT W02 96-02

2. Principal Office Address	3. Mailing Office Address
2160 NW 79th Street	2160 NW 79th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33147 Country: USA	Zip: 33147 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: June 15, 1994

5. FEI Number: 65-0612224 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

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: Miami State: FL Zip Code: 33147

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, 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 this 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.

X SIGNATURE: _____ 11-18-02

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H02000233603

Florida Department of State
Division of Corporations
Public Access System

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(((H02000233603 8)))

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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