

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **994000062472**

1. Corporation Name  
**LANGDON ASSET MANAGEMENT, INC.**

**FILED**  
97 APR -8 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**REINSTATEMENT** 96x97  
MWB

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

2. New Principal Office Address, If Applicable <b>One Sansome St.</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida <b>August 24, 1994</b>	
Suite, Apt. #, etc. <b>20th Floor</b>		Suite, Apt. #, etc.		5. FEI Number <b>65-0515383</b>	
City & State <b>San Francisco CA</b>		City & State		Applied For Not Applicable	
Zip <b>94104</b>	Country <b>USA</b>	Zip	Country	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 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
President	Glen Langdon	595 Dalewood Dr.	Orinda, CA 94563
Treasurer	Glen Langdon	595 Dalewood Dr.	Orinda, CA 94563
Secretary	Delmas Langdon	595 Dalewood Dr.	Orinda, CA 94563

100002199551-1  
-04/10/97--01086--012  
\*\*\*923,75 \*\*\*923,75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**David A. Schwartz**  
Attorney at Law  
8181 West Broward Blvd., suite 204  
Plantation, FL 33324

Name  
**Francis A. Anania**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 S.E. Second Street**  
Suite, Apt. #, Etc.  
**NationsBank Tower, Suite 3300**  
City  
**Miami** State  
**FL** Zip Code  
**33131-2144**

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: **Francis A. Anania** Date **March 19, 1997**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **Glen Langdon** **March 18, 1997** **415-951-4779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)