

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 1:39

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075359

1. Corporation Name

Landcorn, INC.

2. Principal Office Address - No P.O. Box #

1400 4th AVE W.

Suite, Apt. #, etc.

3. Mailing Office Address

1400 4th AVE W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34205

Country

US

City & State

BRADENTON, FL

Zip

34205

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1994

5. FEI Number

65-0664392

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

JOSEPH P. VENABLE

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

1400 4th AVE W.

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/29/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JOSEPH P. VENABLE	1400 4th AVE W.	BRADENTON, FL 34205

500128036638
05/01/08--01049--016 **2700.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. VENABLE, President

4/29/08 41-747-

Daytime Phone #