

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000039709

1. Corporation Name

LAND HO, INC.

Principal Office of Business

346 WEST DAVIDSON
BARTOW FL 33830
US

Mailing Address

P.O. BOX 1051
BARTOW FL 33831
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1995

5. FEI Number

59-3328995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	LIGUORI, JOHN	345 WEST DAVIDSON	BARTOW FL

800004705678--5
-12/05/01-01033-003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

LIGUORI, JOHN
345 W DAVIDSON
STE 201
BARTOW FL 33831

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Date

11-5-01

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

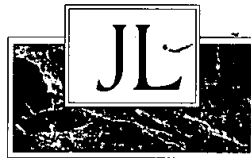
Date

Daytime Phone #

11-5-01

(863) 533-6143

CR2000 (8/01)



Law Offices
JOHN LIGUORI

252

November 5, 2001

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

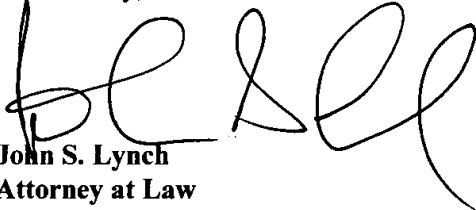
Re: Land Ho, Inc.

To Whom It May Concern:

I am enclosing an Application for Reinstatement form in regard to Land Ho, Inc., which was dissolved September 21, 2001 due to an alleged failure to file annual report. I also enclose a check for \$150.00 for reinstatement annual report fee and corporate supplemental fee, but request that the \$600 fee be waived, due to the fact that the "Notice of Administrative Dissolution or Revocation" was the first document received in regard to the reporting year. More particularly, no report form was received, nor does there appear to have been any notice pursuant to what we believe is required by Florida Statutes 607.1420, 607.1421, and 607.0504(2).

Please contact me immediately if I can be of further assistance in this matter.

Yours truly,



**John S. Lynch
Attorney at Law**