PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 JUN 15 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000022607

1. Corporation Name
Phillips Landing Realty Associates, Inc.

Principal Place of Business	Mailing Address
5401 Kirkman Road Suite 525 Orlando, FL 32819	5401 Kirkman Road Suite 525 Orlando, FL 32819

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

REINSTATEMENT 9899

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	215 North Eola Drive Suite, Apt. #, etc.
City & State	Orlando, FL City & State
Zip / Country	32801 / US Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: March 12, 1996

5. FEI Number: 59-3366149 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/S/T	John T. Leightscy Lightsey	8748 Southern Breeze Drive	Orlando, FL 32836

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****900.00 ****900.00

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Anil Deshpande 5401 Kirkman Road, Suite 525 Orlando, FL 32819	Name: Aaron J. Gorovitz Street Address (P.O. Box Number is Not Acceptable): 215 North Eola Drive Suite, Apt. #, Etc. City: Orlando, State: FL, Zip Code: 32801

CR2E040 (12/95)

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: Aaron J. Gorovitz — REGISTERED AGENT MUST SIGN

Date: May 31st, 1999

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: John T. Leightsey, President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: May 31st, 1999

Daytime Phone #