

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P96000098210

1. Corporation Name

EAST LAND CORPORATION

Principal Place of Business

Mailing Address

131 LAKE AV.

MAITLAND FLA.

32751

4/26/97

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

FEI -- 59-3427750

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 31 PM 2:58
98 FEB -2 PM 2:51
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3427750

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	Pres. ASIF S. MOHAMMAD		800002426758-7 -02/10/98--01059-010 ****900.00 ****900.00 98 FEB -2 PM 2:51 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

REINSTATEMENT 1997-1998
BK

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOFAZZAL HOSSAIN

Name

849. S. WYMORE RD #146-D

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

Altmonte Springs

Suite, Apt. #, Etc.

City

State

Zip Code

FL

32751

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

TOFAZZAL HOSSAIN

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Asif mohamed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #