

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057699

1. Corporation Name

FLORIDA LAND AGENCY, INC.

Principal Place of Business

44 VICTORIA STREET
THE VICTORIA TOWER, SUITE 1614
TORONTO ONT. CANADA M5C 1Y2

Mailing Address

PO BOX 2881
ST PETERSBURG FL 33701
US

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

2. New Principal Office Address, If Applicable

6 Rachael Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Toronto, Ontario

City & State

Zip

M4W 1M5

Country

Canada

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1997

5. FEI Number

59-3454749

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
DPT	ALLAN, RUSSELL W	44 VICTORIA ST., SUITE 1614 6 Rachael Street	TORONTO, ONTARIO CANADA M5C Toronto, Ontario M4W 1M5
DVS	ALLAN, WILLIAM D	44 VICTORIA ST., SUITE 1614 -- 6 Rachael Street	TORONTO, ONTARIO CANADA M5C- Toronto, Ontario M4W 1M5

8. Name and Address of Current Registered Agent

FARRELL, M T
SUITE 600
100-2ND AVE SOUTH
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Michael J. Farrell
MICHAEL J. FARRELL REQUIRED

Date

10/18/01

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:

Michael J. Farrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/01

Daytime Phone #

FILED
01 NOV -9 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

01

500004703155--9
12/04/01--01005--007
****750.00 ****750.00

CR2E040 (8/01)