

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -3 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060062

1. Corporation Name

STRATEGIC LAND MANAGEMENT,
INCORPORATED

2. Principal Office Address

3960 HH PKwy

Suite, Apt. #, etc.

#500

City & State

LAS VEGAS

Zip

NV

Country

89109

3. Mailing Office Address

3960 HH PKwy

Suite, Apt. #, etc.

#500

City & State

LAS VEGAS

Zip

NV

Country

89109

REINSTATEMENT 00-05
CR2E081 (8705)

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/1997

5. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

COTTEN & BROWN, LLC

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

2601 S. BAYSHORE DRIVE

Suite, Apt. #, Etc.

#1904

City

MIAMI

State

FL

Zip Code

33153

300060190549

10/03/05--01070--016 **1500.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/14/05

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
PRESIDENT	MIKE BROWN	3960 HH PKwy #500	LAS VEGAS, NV 89109

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 under section 119.07(3)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/05

Date

702-386-5398

Daytime Phone #