

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 PM 1:40

DOCUMENT # P97000065264

1. Corporation Name

Land Concepts, Inc.

2. Principal Office Address

6245 Linneal Beach Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 608314

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Orlando FL

Zip

32703

Country

USA

Zip

32860-8814

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

July 29, 1997

5. FEI Number

59-3466323

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

Ramon V Murray

600004134836-9

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

6245 Linneal Beach Drive

05/11/01-01015-002

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

Ramon V Murray

REGISTERED AGENT MUST SIGN

Date 4-25-01

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	Ramon V Murray	6245 Linneal Beach Dr.	Apopka FL 32703

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)(l), 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:

Ramon V Murray

Ramon V Murray

4-25-01

407-299-4912

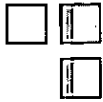
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

☐ **LAND Concepts, Inc.**

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Landscape Architecture  
Urban Design  
Land Planning

April 25, 2001

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

Re: Corporation Reinstatement for Land Concepts, Inc.

To Whom It May Concern:

I request that a fee waiver be granted for the reinstatement of Land Concepts, Inc. as a registered corporation. Because of an incorrect address and post office box change, the company never received the paperwork for the 2000 or 2001 Uniform Business Reports. I believe your records show that this form was returned to your office.

Please find enclosed with this letter an application for corporation reinstatement as well as a check in the amount of \$300.00 for the years 2000 and 2001. Thank you for your attention towards this matter. I trust that all records will be updated appropriately, and the corporation will once again be in good standing.

The document number for Land Concepts, Inc. is P97000065264. The FEI number is 59-3466323.

Regards,

  
Ramon V. Murray, President