

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -3 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97 0000 65 82 9

1. Corporation Name

New Smyrna Condo Land, Inc.

700005766177--2

-06/13/02--01079--006

****600.00 ****600.00

700005766177--2

-06/13/02--01079--007

REINSTATEMENT 01-02

2. Principal Office Address

3033 Chimney Rock

Suite, Apt. #, etc.

Suite 400

City & State

Houston, Tx.

3. Mailing Office Address

3033 Chimney Rock

Suite, Apt. #, etc.

Suite 400

City & State

Houston, Texas

Zip

77056

Country

USA

Zip

77056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/1997

5. FEI Number

58-3460025

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

Jesse Graham, Sr.

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

369 N. New York Ave.

Suite, Apt. #, Etc.

3rd Floor

City

Winter Park

600 - Adm

61.25 - AR

88.75 - ARSUPP

150.00 - Adm

FL 32789

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

REGISTERED AGENT MUST SIGN

Date

5/20/02

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
P	Giulio Trulli	3033 Chimney Rock #400	Houston, Tx. 77056
D VP	Dan Silvestri	3033 Chimney Rock #400	Houston, Tx. 77056

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)(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:

Dan Silvestri DAN SILVESTRI

May 17, 2002 713/785-6272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)