

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY 23 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000073039

1. Corporation Name

STOCKBRIDGE LAND ACQUISITION COMPANY

WOF-10730

2. Principal Office Address

37 N. ORANGE AVE.

3. Mailing Office Address

37 N. ORANGE AVE.

Suite, Apt. #, etc.

STE. 800

Suite, Apt. #, etc.

STE. 800

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08-22-97

5. FEI Number

59-3468528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

1999-2001 UBR

7. Name and Address of Current Registered Agent

Name

RAMSEY W. DULIN, ESQ.

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

201 E. PINE STREET

Suite, Apt. #, Etc.

STE. 425

City

ORLANDO, FLORIDA

State

FL

Zip Code

32801

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

2/6/01

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
PD	JEFFREY L. KLEIN	37 N. ORANGE AVE. #800	ORLANDO, FL. 32801
		201.25-AR	UUUUUU4430208--3
		10.00-ARACTS	-06/13/01--01081--003
		88.75-ARSupp	****458.75 ****388.75
		8.75 Cert	458.75

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY L. KLEIN - PRESIDENT

01-06-01

Date

407.872.1197

Daytime Phone #

CR2081 (9/00)