

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089766

1. Corporation Name

Florida Land Financial Corp.

REINSTATEMENT 01-03

2. Principal Office Address

17980 Deauville Lane

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

USA

3. Mailing Office Address

17980 Deauville Lane

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/17/1997

5. FEI Number

650801536

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

Robert E. Dady, Esq.

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 601

City

Coral Gables

State

FL

Zip Code

33134

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

Robert E. Dady

Date 3/20/02

REGISTERED AGENT MUST SIGN

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/S/T	Maurice A. Halperin	17890 Deauville Lane	Boca Raton, FL 33496
V	Mariano Cueva	18972 Treble Lane	Boca Raton, FL 33498

400015026614
04/01/03-01044-017 **1050.00

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: MAURICE A. HALPERIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20, 2003 (561) 997-2338

Date

Daytime Phone #

CR2E081 (10/02)