

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP -1 AM 10:26

DOCUMENT # P97000095743

1. Corporation Name

Land Renovations, Inc.

**REINSTATEMENT** 98-04

2. Principal Office Address

5251 S. University Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5251 S. University Dr.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33328

Country

U.S.A.

Zip

33328

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/7/1997

5. FEI Number

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

Scott Weinstein

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

5251 S. University Dr.

Suite, Apt. #, Etc.

800040702588

09/01/04-01002-005 \*\*\*1651.00

City

Davie, FL

State

FL

Zip Code

33328

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

Scott Weinstein

REGISTERED AGENT MUST SIGN

Date 8/30/2004

**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
<u>P</u>	<u>Scott Weinstein</u>	<u>5251 S. University Dr.</u>	<u>Davie, FL 33328</u>
<u>T</u>	<u>Scott Weinstein</u>	<u>5251 S. University Dr.</u>	<u>Davie, FL 33328</u>
<u>S</u>	<u>Maria Weinstein</u>	<u>5251 S. University Dr.</u>	<u>Davie, FL 33328</u>

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:

Scott Weinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)