

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 OCT -8 AM 10:46

DOCUMENT # P98000002718

1. Corporation Name

Lillie Lundberg Landon, P.A.

2. Principal Office Address

203 SW 13th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33130-4219

Country
USA

3. Mailing Office Address

203 SW 13th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33130-4219

Country
USA

700004627947--0
-10/09/01--01011--008
***1058.75 ***1058.75

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

1/3/98

5. FEI Number

65-0807827

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

Lillie Lundberg Landon, Esq.

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

203 SW 13th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33130-4219

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 10-3-2001

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
D/P/ T/S	Lillie Lundberg Landon	203 SW 13th Street	Miami, Florida 33130

name - Lillie
10/8/01

REINSTATEMENT 99-01

10/8/01

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:

Lillie Lundberg Landon

Lillie Lundberg Landon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-3-2001 (305) 858-2400

Daytime Phone #