

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000006993**

1. Corporation Name

**LANDMOR CORPORATION**

2. Principal Office Address

**1536 NW 39 St.**

3. Mailing Office Address

**1536 NW 39 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33142**

Country

**U.S.A.**

Zip

**33142**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01-21-98**

5. FEI Number

**65-0815288**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03**

**7. Name and Address of Current Registered Agent**

Name

**HERNAN MORA**

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

**1536 NW 39 St**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33142**

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

**H. Mora**

REGISTERED AGENT MUST SIGN

Date **DEC. 16. 03.**

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.	Hernan Mora	1536 NW 39 St.	Mia. FL. 33142

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)(l), 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:

**H. Mora** **Hernan Mora**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEC. 16. 03**

Date

**(786) 306-3830**

Daytime Phone #

CR2E081 (10/02)



## Landmor Corporation

GENERAL CONTRACTOR LIC. No.CG-C059843  
ROOFING CONTRACTOR LIC. No.CC-C057915

1536 NW 39th STREET • MIAMI, FL 33142  
PHONE: (786) 306-3830 • FAX: (305) 638-0519

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December 22, 2003

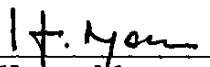
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 33314

Dear Official:

I am writing this letter to inform to you that I never received the 2003 Uniform Business Report (UBR), so now I am sending my Corporation Reinstatement Form fee of \$150.00.

Also, our address is 1536 NW 39<sup>TH</sup> Street, Miami, Florida 33142.

Sincerely,  
Landmor Corporation

  
Hernan Mora  
President