PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 APR 22 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000019312**

1. Corporation Name

LAND AND SEA SALES CORP.

Principal Place of Business	Mailing Address
~~548 48TH ST.~~ ~~CT. E~~ ~~BRADENTON FL 34208~~	~~548 48TH ST~~ ~~CT. E~~ ~~BRADENTON FL 34208~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4740 SR64 E	4740 SR64 E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34208 Country: U.S.	Zip: 34208 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/1998

5. FEI Number: 65-0889034 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTS	BROWN, THOMAS B JR	~~548 48TH ST, CT. E~~ 4740 SR64 E	BRADENTON FL 34208
V	BROWN, JULIE A	~~548 48TH ST, CT. E~~ 4740 SR64 E	BRADENTON FL 34208

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***1050.00 ***1050.00

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BROWN, THOMAS B JR. 502 48TH ST. CT. E BRADENTON FL 34208	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2ED40 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Thomas B. Brown Jr. Date: 4/18/02
REGISTERED AGENT MUST SIGN

11. 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: Thomas B. Brown Jr. 4/18/02 941 741 2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #