

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000026598

1. Corporation Name

Saddle Creek Land Corp.

2. Principal Office Address

9808 GIBSONTON DR.

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

US

3. Mailing Office Address

5607 Interbay Blvd

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33611

Country

US

REINSTATEMENT 99-83

4. Date Incorporated or Qualified
To Do Business in Florida

3-19-98

5. FEI Number

59-3522795

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

KENNETH MONT GOMERY, ATTY

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

5607 INTERBAY BLVD.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

Kenneth Montgomery
REGISTERED AGENT MUST SIGN

Date 10-15-03

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
<u>P</u>	<u>H. A. MAGNAN</u>	<u>9808 Gibsonton Dr.</u>	<u>Riverview, FL</u> <u>33569</u>
			<u>200023906702</u> <u>10/17/03--01054--019 **1350.00</u>
			<u>200023906702</u> <u>10/17/03--01054--020 **8.75</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:

H. A. Magnan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

813-431-0045
Daytime Phone #

CR2E081 (10/02)

2/10/20