

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 1:16

DOCUMENT # P98000028230

1. Corporation Name

INTERSTATE LAND CORPORATION

W01-14286

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

1N. JONH ANDERSON

Suite, Apt. #, etc.

P.O. BOX 2727

City & State

ORMAND BEACH, FL.

City & State

ORMAND BEACH, FL.

Zip

32175

Country

U.S.A.

Zip

32176

Country

U.S.A.

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

3-26-1998

SP

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 6/4/01

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	JELAL SHARIFPOUR	3000 N. ATLANTIC AVE.	DAYTONA BEACH, FL. 32118
D	KAMER SHARIFPOUR	3000 N. ATLANTIC AVE,	DAYTONA BEACH, FL. 32118

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)(f), 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:

JELAL SHARIFPOUR

Jelal Sharifpour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-2001
Date

386-451-0034
Daytime Phone #

REINSTATEMENT 99-01

CR2001 (2/00)