CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 19 PM 3: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039908

1. Corporation Name

Lantan Corporation

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
211 Marshside Drive	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State-	City & State
St. Augustine, Florida	

Zip	Country	Zip	Country
32080	USA		

4. Date Incorporated or Qualified To Do Business in Florida 5/4/1998

5. FEI Number 65-0840532   ☐ 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
Donald D. Wilson, Jr.

Street Address (P.O. Box Number is Not Acceptable)
9500 S. Dadeland Blvd., Ste 700

Suite, Apt. #, Etc.
Ste 700

City	State	Zip Code
Miami	FL	33156

[X] The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived:
Taxpayer moved and never received any prior notices.

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 6-13-07

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	Lance C. Pulver	211 Marshside Drive	St. Augustine, FL 32080

500103840575
06/04/07--01042--003 **300.00

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 contained in Chapter 119, 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: _____   6-13-07   904-471-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #