

APPLICATION  
FOR  
REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB -3 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 98000074921

1. Corporation Name

NADA, LAND COMPANY, INC.

Principal Place of Business

Mailing Address

2233/9/8//77//KING/ST//SUITE/7  
00474//74/34477

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
101 N.E. 2nd Street

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

8-26-98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-3529543

Applied For

Not Applicable

City & State  
Ocala, FL

City &amp; State

Zip  
34470Country  
US

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D S-T	Lee B. Farkas	101 N. E. 2nd St.	Ocala, FL 34470

9000003130274--8  
-02/09/00--01107--010  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

TS

8. Name and Address of Current Registered Agent

Thompkins W. White  
926 N. W. 13th St.  
Gainesville, FL 32601

Name

Lee B. Farkas

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

101 N.E. 2nd Street

Suite, Apt. #, Etc.

City  
OcalaState  
FLZip Code  
34470

CR2E040 (12/95)

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

REGISTERED AGENT MUST SIGN

Date 1/28/00

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information  
on intangible tax.)I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-  
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all  
fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee B. Farkas, President

800-728-1129

Date

Daytime Phone #