

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:51

DOCUMENT # **P98000075298**

1. Corporation Name

FLORIDA LAND DEVELOPMENT, MANAGEMENT & CONSULTANTS, INC.

Principal Place of Business

Mailing Address

9280 17 AV NW
BRADENTON FL 34209

9280 17 AV NW
BRADENTON FL 34209



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1998

5. FEI Number

65-0858944

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WILES, RAYMOND E JR	9280 17TH AVE NW	BRADENTON FL 34209

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

WILES, RAYMOND E JR
9280 17TH AVE NW
BRADENTON FL 34209

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Raymond E. Wiles
REGISTERED AGENT MUST SIGN

Date 10/22/03

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:

Raymond E. Wiles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03 (941) 746-4470
Date Daytime Phone #

CR2E040 (7/03)



FLORIDA LAND DEVELOPMENT
Management & Consultants, Inc.

October 22, 2003

Glenda E. Hood
Secretary of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: Application for Reinstatement
Document # P98000075298
Florida Land Development
Management & Consultants, Inc.

Dear Ms. Hood:

Please accept the enclosed 'Application for Reinstatement' of my corporation. I did not receive any prior 'Uniform Business Report' notices. I have always abided by filing prior to May 1 of each year. I apologize for this oversight and will make sure I include notification of the filing of the annual report on my computer calendar.

Please also accept my check for the reinstatement fee of \$150.00.

Please do not hesitate to call me if you have any questions or need additional information at (941) 746-4470, office or (941) 356-2473, cell phone. Thank you.

Sincerely,

Raymond E. Wiles, Jr.
President / Owner