

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -2 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105321

1. Corporation Name

PMI LAND DEVELOPMENT CORP.

Principal Place of Business

2 N.W. 24TH STREET
DELRAY BEACH FL 33444

Mailing Address

2 N.W. 24TH STREET
DELRAY BEACH FL 33444

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

12/18/1998

5. FEI Number

06-1535396

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75. A 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	GREENE, PEGGY P.	2 N.W. 24TH STREET	DELRAY BEACH FL 33444
P	OWENS, DAVID L	2NW 24th street	DELRAY BEACH FL 33444
			880003070488--8 -12/15/99--01009--024 ****550.00 ****550.00
			LS

8. Name and Address of Current Registered Agent

FORMAN, ROBERT S
3101 WEST COMMERCIAL BOULEVARD
SUITE 4100
FT LAUDERALE FL 33309

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/29/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/14/99 561-279-0156

06/28/99 90006 017 15000

(2)

**PMI LAND DEVELOPMENT CORP
2 NW 24TH STREET
DELRAY BEACH, FL. 33444**

October 29, 1999

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: PMI Land Development Corp.

Gentlemen:

I just received the enclosed Notice of Dissolution of PMI Land Development Corp. I do not understand why I received this. On June 8, 1999, I forwarded to you my check #3152 in the sum of \$150.00, together with the required form. I did not hear anything further from you and nor did I receive anything from you until I received this Notice of Dissolution. I am enclosing my check for \$550.00 made payable to the Department of State. I would appreciate your waiving the dissolution fee and reinstating PMI Land Development Corp.

I can be reached at 1 (888) 279-0156 should you have any questions.

Very truly yours,


David L. Owens