

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 10 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000069421

1. Corporation Name

Landmark Mortgage Inc.

2. Principal Office Address

2129 University Dr.

3. Mailing Office Address

170070 Collins Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

T-261

City & State

Coral Springs FL

City & State

Sunny Isles FL

Zip

33071

Country

Broward

Zip

33160

Country

Dade

2002-2004
REINSTATEMENT | MAD

4. Date Incorporated or Qualified
To Do Business in Florida

August 5 1999

5. FEI Number

65-0938482

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

Vladimir Abolsky

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

17070 Collins Av

Suite, Apt. #, Etc.

T-261

City

Sunny Isles

State
FL

Zip Code

33160

700030255857
*03/11/04--01012--007 **450.00*

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

V. Abolsky

REGISTERED AGENT MUST SIGN

Date

3/2/2004

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
<i>President</i>	<i>Vladimir Abolsky</i>	<i>1050 NE 28 av</i>	<i>Pompano Beach FL 33062</i>

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)(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:

V. Abolsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/2004 (954) 899-3666

Daytime Phone #

CR2081 (01/04)

03/04/04

To Whom It May Concern:

I ask that you waive the \$650 reinstatement fee because we never received the annual report papers in 2002 which you have record of. Enclosed is a check for \$450 which covers the past due fees on the annual report.

Thank You,

A handwritten signature in black ink, appearing to read 'V. Abolsky', with a long, sweeping horizontal stroke extending to the right.

Vladimir Abolsky