


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000104266

1. Corporation Name

THE LANDINGS OF VENICE, INC.

Principal Place of Business

2702 NORWOOD LANE  
VENICE FL 34292

Mailing Address

2702 NORWOOD LANE  
VENICE FL 34292

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

12/01/1999

5. FEI Number

65-0965221

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 P/T	GRAY, STEVEN L	2702 NORWOOD LANE	VENICE FL 34292
D Sec	GRAY, DEBRA J	2702 NORWOOD LANE	VENICE FL 34292

200004694902--8  
-11/27/01--01036--011  
\*\*\*\*150.00 \*\*\*\*150.00

*[Handwritten signature]*

8. Name and Address of Current Registered Agent

PREWETT, DANIEL L  
5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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:

*[Handwritten signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-01

CR2040 (8/01)

THE LANDINGS OF VENICE, INC.  
2702 NORWOOD LANE  
VENICE, FLORIDA 34292  
(941) 412-9794

October 26, 2001

Florida Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314

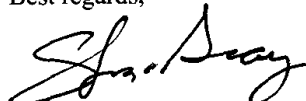
Re: The Landings of Venice, Inc.  
P99000104266

Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. We never received the renewal notice for our corporation. Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,



Steven L. Gray, President

Enclosure