

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAR 22 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **SG2230**

1. Corporation Name  
**INTERNATIONAL LAND  
DEVELOPMENT GROUP LIMITED, INC.**

**XS**

2. Principal Office Address  
**1101 WINTER SPRGS BLVD.**

3. Mailing Office Address

**REINSTATEMENT 00-02**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WINTER SPRINGS, FL**

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida **6/25/91**

5. FEI Number  
**59-3074495**

Applied For  
Not Applicable

Zip **32708** Country **USA**

Zip Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **MARY L. JOHNSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**1101 WINTER SPRINGS BLVD.**  
Suite, Apt. #, Etc.  
City **WINTER SPRINGS**

**500005182065--7**  
**-04702702--01021--001**  
**\*\*\*1050.00 \*\*\* 050.00**  
State **FL** Zip Code **32708**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent   
REGISTERED AGENT MUST SIGN

Date **3/21/02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVD	MARY L. JOHNSON	1101 WINTER SPRGS. BLVD	WINTER SPRINGS, FL 32708

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 807 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 807.0401 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 **3/21/02** (352) 357-2121  
Daytime Phone #