

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

V54542

RECEIVED
DIVISION OF CORPORATIONS

99 MAR 22 PM 2:49

DOCUMENT #

1 Corporation Name

Lennar Florida Land I QA, Inc.

10/16/98

Principal Place of Business

760 NW 107th Ave.
Suite 400
Miami, FL 33172

Mailing Address

760 NW 107th Ave.
Suite 400
Miami, FL 33172

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

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0360035

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

See 75 Additional Information 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/VP	Lewis, William M. Jr.	1585 Broadway, 37th Fl.	New York, NY 10036
DPST	Krasnoff, Jeffrey P.	760 NW 107 Ave., Sue 300	Miami, FL 33172
VP	Levin, David	760 NW 107 Ave., Sue 300	Miami, FL 33172
AS	Nealon III, Thomas F.	760 NW 107 Ave., Sue 400	Miami, FL 33172
VP	Blaser, Thekla	760 NW 107 Ave., Sue 400	Miami, FL 33172
VP	Schrager, Ronald E.	760 NW 107 Ave., Sue 400	Miami, FL 33172

8. Name and Address of Current Registered Agent

Thomas F. Nealon III
760 NW 107th Ave., Suite 400
Miami, FL 33172

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

REINSTATEMENT 1998-1999

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Thomas F. Nealon III

Thomas F. Nealon III

Date 3/9/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12 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:

Ronald E. Schrager

Ronald E. Schrager, VP

3/9/99

(305) 220-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone