

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 FEB -7 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-03

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N96000005080

**1. Corporation Name**  
LETTER'S LANDING FOUNDATION INC.

<b>2. Principal Office Address</b> 2660 RIVIERA MANOR Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <del>c/o ASSANTE BUSINESS MGMT</del> 280 PARK AVENUE 5th FL EAST Suite, Apt. #, etc.	
City & State WESTON, FLORIDA		City & State NEW YORK, NEW YORK	
Zip 33332	Country USA	Zip 10017	Country USA

**4. Date Incorporated or Qualified To Do Business in Florida** 10/03/96

**5. FEI Number** 65-0708062  
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: AL LETTER

Street Address (P.O. Box Number is Not Acceptable): 2660 RIVIERA MANOR

Suite, Apt. #, Etc.:

City: WESTON, FL 33332

State: FL Zip Code: 33332

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**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: *Al Letter* REGISTERED AGENT MUST SIGN

Date: Feb. 5, 2003

**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
SEE ATTACHED LIST			

**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: *Al Letter* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/5/03

Daytime Phone #: 954-217-0031

CR2E081 (10/02)

2/2/03

Title	Names of Officers	Addresses
P	Al Leiter	2660 Riviera Manor, FL 33332
VP	Lori Leiter	2660 Riviera Manor, FL 33332
VP	Prentice Chevalier	220 Robinwood Terrace, Linden, NJ 07036
D	John Leiter	110 Pine Street, Toms River, NJ 08753
D	Alexia Dunkley	440 Windsor Street, Forked River, NJ 08731
T	Robert Raiola	23 Gates Avenue, Chatham, NJ 07928