

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070666

1 Corporation Name
L. S. R. M. Inc.

Principal Place of Business Mailing Address
746 Azalea In 746 Azalea In
Vero Beach, FL 32963 Vero Beach, FL 32963

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *96*

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable 319 S. Guadalupe		3. New Mailing Address, If Applicable P. O. Box 642		4. Date Incorporated or Qualified To Do Business in Florida 10-05-93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-045 4895	
City & State Santa Fe, NM		City & State Tesuque, NM		Applied For Not Applicable	
Zip 87501	Country	Zip 87574	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8.75 Additional Fee required for 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
Treas. Pres.	Leslie S. Foster	319 S. Guadalupe St.	Santa Fe, NM 87501
V.P. Secr.	Nancy Cook	3213 Ocean Dr.	Vero Beach, FL 32963
			700002046747--1 -01/06/97--01031--003 *****375.00 *****375.00
			<i>JD D-31-96</i>

8. Name and Address of Current Registered Agent Leslie S. Foster 746 Azalea In. Vero Beach, FL 32963		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
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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: *Leslie S. Foster* REGISTERED AGENT MUST SIGN Date: 12-12-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Leslie S. Foster* 12-12-96 983-3387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/95)