

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



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

APPROVED
AND
FILED

37 DEC -9 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 43091

1. Corporation Name

LAUREL, INC.

Principal Place of Business

Mailing Address

Reinolankuja 3
33270 Tampere 27
Finland

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

2. New Principal Office Address, If Applicable

1215 Palama Way

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/81

5. FEI Number

65-0130345

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)

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
P/D	Jarmo Viitala	Reinolankuja 3	33270 Tampere 27, Finland
			4000002371314--8 -12/12/97--01119--002 ***915.00 ***915.00

REINSTATEMENT

96-97
A. Alan
12/9/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Helen Maki

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

1215 Palama Way

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

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

Helen Maki

REGISTERED AGENT MUST SIGN

Date 12/4/97

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 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:

Jarmo Viitala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jarmo Viitala, President/Director

12-4-97 011-358-3-2536200

Date

Daytime Phone #

CR2500 (2/96)