

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2015 JAN -7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 216928

1. Corporation Name

LAP CORP.

REINSTATEMENT 2010-15

2. Principal Office Address - No P.O. Box #

19700 SW 14 Street

Suite, Apt. #, etc

3. Mailing Office Address

19700 SW 14 Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

Country

33029

City & State

Hollywood, FL

Zip

Country

33029

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1958

5. FEI Number

590882983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2B081 (11/10)

7. Name and Address of Current Registered Agent

Name

HOWARD LANE

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

19700 SW 14 STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33029

600268124576
01/08/15--01001--016 **1650.00

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

REGISTERED AGENT MUST SIGN

Date

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
D/P	HOWARD LANE	19700 SW 14 STREET	HOLLYWOOD, FL 33029
VP	CLARKE LANE	19700 SW 14 STREET	HOLLYWOOD, FL 33029
S/T	GAYLE LANE	19700 SW 14 STREET	HOLLYWOOD, FL 33029

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Howard Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2015

(954) 966-7900
Daytime Phone #

ADK

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

** File First **

FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 01/07/2015

REF. #: 9400215

CORP. NAME: ELAP CORP.

RECEIVED
DEPARTMENT OF STATE
15 JAN -7 PM 4:30

☐ ARTICLES OF INCORPORATION ☐ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY

☒ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ OTHER:

STATE FEES PREPAID WITH CHECK # 70033025 FOR \$ 1,650.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

☐ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☒ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

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** File First! **
** We know name now unavailable.
change Amend. attached as
and portion. *
Thank you!!*