

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 APR - 1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
9-13

CR2E081 (11/10)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 388574

1. Corporation Name

**Lagoon Investment Company**

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

125 West Romana Street

Suite, Apt. #, etc.

Suite 224

City & State

Pensacola, Florida

Zip

32502

Country

USA

3. Mailing Office Address

125 West Romana Street

Suite, Apt. #, etc.

Suite 224

City & State

Pensacola, Florida

Zip

32502

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1971

5. FEI Number

59-1359886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sheldon F. Bernau

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

125 West Romana Street

Suite, Apt. #, Etc.

Suite 224

City

Pensacola

State

FL

Zip Code

32502

800245848668  
03/19/13--01001--007 \*\*1358.75

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



Date

3/15/13

REGISTERED AGENT MUST SIGN

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
P,D	Sheldon F. Bernau	125 Romana Street, Suite 224	Pensacola, Florida 32502
T,S,D	Barbara J. Quinn	125 Romana Street, Suite 224	Pensacola, Florida 32502

10. E-mail Address: BARBARAQUINN@synovustrust.com

(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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/13

Date

850.436.7806

Daytime Phone #

APR 02 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2013

LAGOON INVESTMENT COMPANY  
125 WEST ROMANA STREET  
SUITE 224  
PENSACOLA, FL 32502 US

SUBJECT: LAGOON INVESTMENT COMPANY  
Ref. Number: 388574

We have received your document for LAGOON INVESTMENT COMPANY and your check(s) totaling \$1358.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina D Cauley  
Regulatory Specialist II

Letter Number: 413A00006433

Stuart E. Goldberg, P.L.

Requester's Name

Address

City/State/Zip

Phone #

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2013 MAR 18 PM 3:42

RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Reinstatement  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in☐ Pick up time \_\_\_\_\_☐ Certified Copy☐ Mail out☐ Will wait☐ Photocopy☐ Certificate of Status**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials