PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 19 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 523574

1. Corporation Name

LARRY LIBERTORE, INC.

Principal Place of Business	Mailing Address
900 EAGLEBROOKE BLVD PO BOX 5755 LAKELAND FL 33807 US	900 EAGLEBROOKE BLVD PO BOX 5755 LAKELAND FL 33807 US

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	#5 LATERRAZA Suite, Apt. #, etc.
City & State	LAKELAND FL City & State
Zip / Country	Zip: 33813 / Country: POLK

4. Date Incorporated or Qualified To Do Business in Florida: 01/11/1977 SP

5. FEI Number: 59-1706891 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LIBERTORE, LARRY J	900 EAGLEBROOKE BLVD	LAKELAND FL

700003058977--7
-12/02/99--01059--009
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JACOBS, DALE GARDNER 3730 CLEVELAND HEIGHTS BLVD LAKELAND FL 33813	Name: Larry Libertore Jr. Street Address (P.O. Box Number is Not Acceptable): #5 laterraza Suite, Apt. #, Etc.: City: Lakel State: FL Zip Code: 3387

(REV 04/2000)

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: Larry Libertore Jr. REQUIRED Date: 10-14-99
REGISTERED AGENT MUST SIGN

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., 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: Larry Libertore Jr. REQUIRED LARRY LIBERTORE JR 10-14-99 941-644-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #