

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

97 JAN -6 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 571077

1. Corporation Name

LARGO DIVERSIFIED, INC.

Principal Place of Business

P O BOX 15632
CLEARWATER FL 34629-5632

Mailing Address

P O BOX 15632
CLEARWATER FL 34629-5632



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1978

5. FEI Number

59-1818273

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MOSYCHUK, NICK	2112 PADDOCK CIRCLE	DUNEDIN FL
SD	MICHAELS, JOSEPH	2112 PADDOCK CIRCLE	DUNEDIN FL
ASD	LANGFORD, HERBERT	340 HIBISCUS DRIVE 2704-A SOUTH DRIVE	PALM HARBOR FL CLEARWATER, FL 34619

600002051365-3
-01/08/97-01116-009
****375.00 ****375.00

REINSTATEMENT

1996

A. Allen
11/6/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANGFORD, HERBERT E., JR.
940 HIBISCUS DR.
PALM HARBOR FL 34684

Name

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

2704-A SOUTH DRIVE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

34619

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

Herbert E. Langford, Jr.

REGISTERED AGENT MUST SIGN

Date 12/20/96

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 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/96

(813)-784-4559

Date

Daytime Phone #

CH2E040 (7/95)