

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

1997 APR 30 AM 9:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **646486**

1. Corporation Name
LESAGE, INC.

Principal Place of Business Mailing Address
**685 Lamoka Court
 Winter Springs, Fl. 32708**

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 | | 4. Date Incorporated or Qualified To Do Business in Florida 11/29/79 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-1958512 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|---------------------------------|-------------------------------------|---|--------------------------------------|
| Pres./S-T & Dir. | MIRIAM BECKERMAN | 685 Lamoka Court | Winter Springs, Fl. 32708 |
| | | | |
| | | | |
| | | | |

800002169488-2
 -05/07/97-01065-009
 ***\$15.00 ***\$15.00

REINSTATEMENT

9/6/97
11/6/97
5/16/97

| | | | |
|---|--|--|-----------------------------|
| 8. Name and Address of Current Registered Agent MIRIAM BECKERMAN 685 Lamoka Court Winter Springs, Fl. 32708 | | 9. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL Zip Code |

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: *Miriam Beckerman* REGISTERED AGENT MUST SIGN Date: _____

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: *Miriam Beckerman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/26/97** (407) 3657152 Daytime Phone #

CR2E040 (12/96)