

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 APR 29 AM 8:54

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/29/79	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1958512	
Country		Country		Applied For	
				Not Applicable	
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
PST DIR.	MIRIAM BECKERMAN	685 Lamoka Court	WINTER SPRINGS, FL. 32708
			000002515610--0 -05/07/98--01084--031 ***300.00 ***150.00
			4/29/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIRIAM BECKERMAN 685 LAMOKA COURT WINTER SPRINGS, FL. 32708		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: 4/20/98

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: 4/20/98 (407) 3657152
 Daytime Phone #

CPRE040 (1/2/96)