

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAY 27 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (12/07)

*Handwritten signature/initials*

DOCUMENT # 821777

1. Corporation Name

LAWRENCE GERMAIN COMPANY

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

223 THE MALL AT IV

3. Mailing Office Address

223 THE MALL AT IV

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

PARAMUS, NJ 07652

City & State

PARAMUS, NJ 07652

Zip

07652

Country

USA

Zip

07652

Country

USA

4. Date in Corporation or Qualified To Do Business in Florida

5/24/68

5. FEI Number

13-2521803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

BRIAN M. O'CONNELL, ESQ.

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

515 NORTH FLAGLER DRIVE

Suite, Apt. #, Etc.

SUITE 1800

City

WEST PALM BEACH

State

FL

Zip Code

33401

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

*5/20/08*

**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 S	MRS. SHEILA GERMAIN	3519 SOUTH OCEAN BOULEVARD	HIGHLAND BEACH, FL 33487
			900130902139 06/05/08--01018--014 **200.00
			900130902139 06/05/08--01018--015 **558.75

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SHEILA A. GERMAIN, PRESIDENT/SECRETARY

Date

Daytime Phone #

*05-02-08*

201-343-6300