

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 838574

1. Corporation Name

LAUPCO, Inc.

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

2820 12th Ave Se

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

US

3. Mailing Office Address

2820 12th AVE SE

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

US

300163725643  
12/17/09--01037--008 \*\*300.00

REINSTATEMENT 08-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

591782023

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

Laupert, Leroy Alan

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

2820 12th Ave SE

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

☒ 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

*Leroy Alan Laupert*  
REGISTERED AGENT MUST SIGN

Date 12/15/2009

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	Laupert, Leroy Alan	2820 12th Ave Se	Naples, FL 34117
D	Laupert, Leroy Alan	2820 12th Ave Se	Naples, FL 34117

10. E-mail Address: ralaupert@aol.com

(To be used for future annual report notification)

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. I further certify, 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

*Leroy Alan Laupert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2009 239-253-2411

Date

Daytime Phone #