


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F020000000694**
1. Corporation Name
LAUTH CONSULTING, INC.

2. Principal Office Address 141 ASHLEY CT		3. Mailing Office Address 141 ASHLEY CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JUPITER FL		City & State JUPITER FL	
Zip 33458	Country USA	Zip 33458	Country USA

REINSTATEMENT 03-08

4. Date Incorporated or Qualified To Do Business in Florida **FEBRUARY 2, 2002**

5. FEI Number **30-0016604**

6. CERTIFICATE OF STATUS DESIRED \$9.75 Admission Fee is required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32301**

8. I, being appointed the registered agent of the above named corporation, am familiar with and agree to the provisions of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent **Sarah K. Drake** as its agent Date **2/1/08**

REGISTERED AGENT MUST SIGN

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
D	MAUREEN LAUTH	141 ASHLEY CT.	JUPITER FL 33458
D	DOROTHY C. WESTBY	32801 HWY 441N # 118	OKEECHOBEE FL 34912
D	JERRY L FARQUHAR	32801 HWY 441N # 118	OKEECHOBEE FL 34912

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: **Maureen Lauth** 1/28/2008 561 775-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

*Kathy Drake
42959*

CORPORATION REINSTATEMENT

LAUTH CONSULTING, INC.

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Certified Copy	0
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