

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 14 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002843

1. Corporation Name
LA FRANCE CORP.

2. Principal Office Address
P.O. BOX 5002

Suite, Apt. #, etc.

City & State
CONCORDVILLE, PA

Zip
19331-5002

Country
USA

3. Mailing Office Address
P.O. BOX 5002

Suite, Apt. #, etc.

City & State
CONCORDVILLE, PA

Zip
19331-5002

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/13/1995

5. FEI Number
23-1478614

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
CHRISTOPHER FLAHERTY

Street Address (P.O. Box Number is Not Acceptable)
4820 MIDDLE AVENUE

Suite, Apt. #, Etc.

City
SARASOTA, FL

State
FL

Zip Code
34234

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 Christopher Flaherty
REGISTERED AGENT MUST SIGN

Date January 31, 2005

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
VC	JOHN TETI	P.O. BOX 5002	CONCORDVILLE, PA 19331-5002
P	GEORGE BARRAR	P.O. BOX 5002	CONCORDVILLE, PA 19331-5002
S	JERROLD HELBEIN	P.O. BOX 5002	CONCORDVILLE, PA 19331-5002
CFO	KENNETH PAWLOSKI	P.O. BOX 5002	CONCORDVILLE, PA 19331-5002
			900047346629 02/28/05--01004--003 **900.00
			900047346629 02/28/05--01004--004 **8.75

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 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: Kenneth S Pawloski KENNETH PAWLOSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05
Date

(610)361-4373
Daytime Phone #

CR2E081 (01/05)