	F	PLEASE READ .	ALL INS I	RÚCH	ONS	BEFORE C	JOMPLE I	ING Inis roam.		
	PLICATI FOR	FLORIDA DEPARTMENT.OF ST. Sandra B. Mortham Secretary of State			NT.OF STATE	1		٠,		
					ION OF CORPORATIONS			Ell		
DOCUMENT							FILED			
Corporation Name							98 OCT 26 PM 2: 11			
Arthur E. Langlo, Inc.							JECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							- TOOLE, FLURIDA			
8631 State Road 54 New Port Richey, FL 34653										
If above addresses are incorrect in any way, line through inc. 2. New Principal Office Address, if Applicable 3. New				n incorrect Information and enter correction below. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business In Florida To Z			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5. FEI Number Applied For				
City & State		City & State				59-23	2304751 Not Applicable \$8.75 Additional Fee required			
Zip		Country	Zip		Country				ditional Fee required ertificate of Status	
	and Street Addr	esses of Each Officer and/ Name of Officers	or Director (Flor	l	Stre	et Address of Each			7	
Title(s)	and/or Directors			Officer and/or Director 3 (Do NOT Use Post Office Box N			lumbers)	City / State / Z	ip	
DP	P Arthur E. Langlo			8631 State Road 54			··	New Port Richey	, FL 34653	
VP	Jeffrey Langlo			8631 State Road 54			· · · · · · · · · · · · · · · · · · ·	New Port Riche	y, FL 34653	
VP.	Chris 1	8631 State Road 54				New Port Richey, FL 34653				
S	Carol Zange			8631 State Road 54				New Port Richey, FL 34653		
	DEINIGTATERRELET									
	}	- NEIN	IMICI			97-98		000026736 -10/27/98010 	01014 ***300_00_	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name									ig	
Street Address (P.							R. Hilleboe O. Box Number is Not Acceptable) nset Point Road			
. Suite, Apt. #, Etc.										
Clearway Clearway							ter	 	33759	
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of Registered Agent							VS 00	on 607.0505, F.S. Date 1998		
11 Thi	ie cornora		s paid the			<u> </u>		10-4-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 successful and the name of individuals listed on this application is true successful and the name of individuals listed on this application is true successful and the name of individuals listed on this application is true successful and the name of individuals listed on this application is true successful and the name 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 successful and the name 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 successful and the name 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 successful and the name 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.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										