

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # G72201

1. Corporation Name **Laymor Development Corporation**

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FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **3520 S. Atlantic Ave., Cocoa Beach, FL 32931**

Mailing Address **1870 E. Merritt Island Cswy., Merritt Island, FL 32952**

REINSTATEMENT 97.99

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/02/83**

5. FEI Number **59-2388991**

Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Scott Moore	1870 E. Merritt Island Cswy.,	Merritt Island, FL 32952
V/S/T	William Moore	1870 E. Merritt Island Cswy.	Merritt Island, FL 32952

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 *****525.00 *****525.00

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8. Name and Address of Current Registered Agent

Steven Jacobowitz
18 Country Club Rd
Cocoa Beach, FL 32931

9. Name and Address of New Registered Agent

Name **Scott Moore**

Street Address (P.O. Box Number is Not Acceptable) **1870 E. Merritt Island Cswy.**

Suite, Apt. #, Etc.

City **Merritt Island,** State **FL** Zip Code **32952**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Date **5/25/99**

REGISTERED AGENT MUST SIGN **Scott Moore**

11. This corporation owes 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 and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Scott Moore** **5/25/99** **4074531763**

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

CR2E081 (12-98)