

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 14 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H 98513**

1. Corporation Name

LARAINES of Fishermen's Village Inc

REINSTATEMENT 96-03

2. Principal Office Address

1200 Petta Esplanade M-19

3. Mailing Office Address

114 Robina St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

Pt Charlotte FL

Zip

Country

33950

USA

Zip

Country

33952

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/1986

5. FEI Number

592635783

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

LARAIN R. Provence

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

114 Robina St

Suite, Apt. #, Etc.

Pt Charlotte

City

Pt Charlotte

State

FL

Zip Code

33954

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

Laraine R. Provence

REGISTERED AGENT MUST SIGN

Date **3-10-03**

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 | LARAIN R. Provence | 114 Robina St | Pt Charlotte, FL 33954 |
| S | Dorothy Provence | 230 Madrid Blvd | Punta Gorda, FL 33950 |
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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:

Laraine R. Provence

LARAIN R. Provence

Date

Daytime Phone #

3-10-03 9416278986

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