PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			TMENT OF STA ry of State corporations	TE	DIVĪS	FILED ECRETARY OF STATE SION OF CORPORATIONS JUL -6 AM 8: 17	
DOCUMENT # K 1. Corporation Name LF Rossignol OF Panc	Devel	opment Co	rporatio	r	ممر	1105676079	
2. Principal Office Address - No I	P.O. Box #	3. Mailing Office Addre		73-4		1105626029 701024010 **1673.75	
9370 3//VeV Suite, Apt. #, etc.	770YN/4	9340 SilVER/NOVN/N			EINS	STATEMENT 7-0	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	<u> </u>		To Do Busin	orated or Qualified \$3.29-88	
LARGO 1 Zip Country	FL.	LARGO FC			5. FEI Number Applied For Sq 28832017 Not Applicable		
33777 Pinellas 33777			PINELLA	S	G. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7- Name and Address of Current Registered Agent Name							
L. F. ROSSIGNA III Street Address (P.O. Box Number is Not Acceptable) 9390 Silverthorn Sulbe, Apl. #, Etc.			d		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
City Largo			State Zip Cod FL 337	<u>71</u>			
8. I, being appointed the register Signature of Registered Agent	1. R	ove named corporation, am OHS COM EGISTERED/GENT MUS	PM	of the ol	oligations of section	on 607.0505 or 617.0503, F.S. Date 7-2-7	
B. Names and Street Addresses	of Each Officer an	d/or Otrector (Florida nonpr	rofit corporations must i	list at le	ast 3 directors)		
Titles Name of Officers and/or Directors		i	Street Address of Each Officer and/or Director			City / State / Zip	
Profil LFROSSIENOLD			9390 511	VER	ThorNR	1 LARGOFL 33777	
Sed ML ROSSIENOL			390 SILVE	EK.	THORNK	1 LANGOFL 33777	
L.F.	Rossignol I	П					
9390 Silverthorn Rd.							
Lar	go, FL 3377	17		-			
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 filling 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:							
	E AND TYPED OR PI	RINTED NAME OF SIGNING O	FFICER OR DIRECTOR			Date Daylime Phone #	