

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K 58415

1. Corporation Name
L.L.S. Corporation

Principal Place of Business
14812 Farnham Way
Tampa, Fla 33624

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

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

Title(s)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3
(Do NOT Use Post Office Box Numbers)

City / State / Zip
4

V/S/D

Harold R. Koster

14812 Farnham Way

Tampa Fla 33624

C/P/D

Michelle D. Koster

14812 Farnham Way

Tampa Fla 33624

D

R. Jay Hawpley

1602 W. Sligh Ave. #100
Tampa Fla 33604

Tampa, Fla 33604

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michelle D. Koster
14812 Farnham Way
Tampa Fla 33624

Name

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

Suite, Apt. #, Etc

City

State Zip Code

FL

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

Michelle Koster

REGISTERED AGENT MUST SIGN

Date

3/8/99

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle D. Koster

Date

3/8/99 1-813-932-6811

Daytime Phone #

REINSTATEMENT

95-99
288
2/11/99

FILED

99 MAR 11 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

\$8.75 Additional Fee required
for a Certificate of Status

CR2040 (1-98)