

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K90116

**FILED**  
**Sep 15, 2011**  
**Secretary of State**

**Entity Name:** L & R HEAVY EQUIPMENT REPAIR SERVICE, INC.

**Current Principal Place of Business:**

1500 STATE ROAD 630 WEST  
FORT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

1500 STATE ROAD 630 WEST  
FORT MEADE, FL 33841

**New Mailing Address:**

**FEI Number:** 59-2951127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MORRISON, JOSEPH A. ESQUIRE  
5410 SOUTH FLORIDA AVENUE  
SUITE D  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JOSEPH A. MORRISON, ESQUIRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** LAZORKO, LOUIS J.  
**Address:** 1355 LANIER ROAD  
**City-St-Zip:** FORT MEADE, FL

**Title:** DST  
**Name:** LAZORKO, ANNA B.  
**Address:** 1355 LANIER ROAD  
**City-St-Zip:** FORT MEADE, FL

**Title:** D  
**Name:** LAZORKO, RAYMOND L  
**Address:** 301 N. ORANGE AVE  
**City-St-Zip:** FORT MEADE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ANNA B LAZORKO

DST

09/15/2011

Electronic Signature of Signing Officer or Director

Date