2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# N06000001026

Entity Name: LAPSE INCORPORATED

Current Principal Place of Business:

3801 N FEDERAL HWY
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3801 N FEDERAL HWY
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAUDIOSI, JOHN
3801 N FEDERAL HWY
POMPANO BEACH, FL 33064 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: JOHN GAUDIOSI
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: GAUDIOSI, JOHN ESQ
Address: 3801 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD ( ) Delete
Name: BRUCE, JOCELYN M.D.
Address: 3801 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD ( ) Delete
Name: SZESNAT, CHRISTINE
Address: 3801 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD ( ) Delete
Name: MAHONEY, ROBERT
Address: 3801 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Delete
Name: WHITNEY, MAX
Address: 3801 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GAUDIOSI P 10/10/2007
Electronic Signature of Signing Officer or Director — Date