PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS, FORM.

			•••				, , ,	1	FILED	
REINSTATEMENT					RIDA DEPARTMENT OF STATE Secretary of State			07 OCT 25 PM 3: 02 SLUNCTARY OF STATE TALLAHASSEE, FLORIDA		
DIVISION OF CORPORATIONS								ATT AHASSEE, FLORIDA		
DOCUMENT # $03 59 $ 1. Corporation Name									, parties	
Lauren International Inc										
3711 Trout River Blvd										
Jacksonville Florida 32208								^ 7 .		
2. Principal Office Address - No P.O. Box # 3. Mailing					g Office Address			KEIN	STATEMENT	(05-61)
3711 Trout River Blvd				3711 Trout River Blvd				CR2E081 (1/07)		
Suite, Apt. #, etc. Suite,					te, Apt. #, etc.					
									porated or Qualified iness in Florida	4-7-1989
City & State				City & State			5. FEI Numbe	эг	Applied For	
Jacksonville Florida 322 Zip * Country				208 <u>Jacksonville Fla 32208</u> Zip *			23 2302730			
322	208	08 USA 32268			USA			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent										
Name								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.		
Lauren Stalnecker Street Address (P.O. Box Number is Not Acceptable)										
3711 Trout River Blvd										
- Suite, Apt, #, Etc.										
City Jacksonville					State Zip Code FL 32208					
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					: D AGENT MUST SIGN			Date 6-21-2007		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea										
Titles		Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / Sta	ite / Zip
D_	J Shuler Griffin				1676 Old Mill Strea			m	Cordova Tn	
D	Bette P Stalnecker				234 Lackey Lane				Ripley Tn -	
D	Andy Milwid				246 Beaver Point			Dadevi-1e, A136853		
			M	las					<i>'</i>	20/10/26
			- MICA		REINS	TA	TEMEN	T 05	-07	110/0
. .								10/	25/07010410	9066 108 ++183.75
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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dat										
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										