

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN 31 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001279

1. Corporation Name

LAST ONE'S LEFT, INC.

Principal Place of Business

1471 GREY FOX RUN
TALLAHASSEE FL 32311

Mailing Address

P.O. BOX 5841
TALLAHASSEE FL 32314



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

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

2074 MIDYETTE Rd.

Suite, Apt. #, etc.

317

City & State

Tallahassee FL

Zip

32301

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1999

5. FEI Number

38-3426601

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	Jamal C. Laden	2074 Midyette Rd. 317	Tallahassee, FL 32301
Vice Pres	Terri M. Haughton	2074 Midyette Rd. 317	Tallahassee, FL 32301
Vice Pres	Audrey Alexander	1471 Grey Fox Run	Tallahassee, FL 32311
			300003658749--4 -02/08/01--01005--013 ****306.25 ****245.00
			LS

8. Name and Address of Current Registered Agent

ALEXANDER, AUDREY
1471 GREY FOX RUN
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name

Jamal Laden

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

2074 Midyette, Rd.

Suite, Apt. #, Etc.

317

City

Tallahassee

State

FL

Zip Code

32301

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/31/01

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01 or 551-8328
(850) 328-8378
Date Daytime Phone #

CR2E040 (8/00)