

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

L+O On The Go, Inc.

Document # P000000000829

2. Principal Office Address

302 N.E. 4th Street

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33444

Country

U.S.A.

3. Mailing Office Address

62 Lake Eden Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

12-27-99

5. FEI Number

65-0969098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven O. Scott

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

62 Lake Eden Drive

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

*[Signature]*

Date 3-28-01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Steven O. Scott	62 Lake Eden Drive	Boynton Beach, FL 33435
V	Lori A Scott	62 Lake Eden Drive	Boynton Beach, FL 33435

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 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]*

Steven O. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

561-274-3085

Daytime Phone #

CR2E081 (9/00)

# L&O ON THE GO

March 29, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the completed copy of the Corporation Reinstatement for L&O On The Go, Inc. Also enclosed is our company check in the amount of \$300.

After contacting your office, we were told the amount would be \$300 instead of the normal \$600 fee due to the fact that notices to us were returned to your office.

If you have any questions, please contact me at 561-274-3085.

Sincerely,



Steve O. Scott  
President