

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

2001 UBR

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052820

1. Corporation Name

LARUE FASTENING SYSTEMS, INC.

Principal Place of Business

Mailing Address

2781 LANTANA LAKES DR EAST  
JACKSONVILLE FL 32246

2781 LANTANA LAKES DR EAST  
JACKSONVILLE FL 32246

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

2. New Principal Office Address, If Applicable

10210 LONE STAR RD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10210 LONE STAR RD.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/2000

5. FEI Number

59-3648728

Applied For

Not Applicable

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

US

Zip

32225

Country

US

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SECRETARY	ARMAND ANCIAN	11	JAX, FL 32246
VICE PRES.	TYRELL RICHARD	11 LONE STAR	JAX, FL 32225
			800004719718-3
			-12/12/01--01008--018
			****158.75 ****158.75
			LS

8. Name and Address of Current Registered Agent

PERKINS, LARUE  
2781 LANTANA LAKES DR EAST  
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name

LARUE PERKINS

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

10210 LONE STAR RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32225

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

REGISTERED AGENT MUST SIGN

Date

11/14/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/01

(904) 509-1565

Daytime Phone #

11-15-01

To whom it may concern,

... 2002

This letter is in regards to my reinstatement application for my business, LaRues Fastening Systems, Inc. Early March of 2001 I sent a money order in the amount of \$150.00. I did not get any type of response or confirmation, however, I assumed the process was taken care of. I recently got married, and bought a new home, changing my address twice, which could have been my reason for no response. Finally, I got a 'Certificate of Administrative Disclosure or Revocation'. With this, I called to explain that I had sent in the money order, etc. etc.

The representative I spoke with advised me to just resend my previous payment, along with a letter of explanation, and they would handle my situation.

Therefore, enclosed is a check for my payment. Please respond to confirm that all action is handled at my below, permanent, address.

Sincerely,

LaRues Fastening Systems, Inc.  
% LaRue S. Perkins  
10210 Lone Star Rd.  
Jacksonville, FL 32225

LaRue Perkins  
(President)

Daytime # (904) 509-1505  
Evening # (904) 722-3303