

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 28 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 83855

1. Corporation Name

Laolanexang Enterprises, Inc.

REINSTATEMENT 01-03

700013276787

02/28/03 01068 006 \$1050.00

2. Principal Office Address

3607 72nd Terr E

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34243

Country

USA

3. Mailing Office Address

3607 72nd Terr E

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34243

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/31/00

5. FEI Number

65-1037960

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

J. Kevin Drake

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

1432 1st St

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

Date

2-20-2003

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
Pres	Tony Khoumphonphakdy	3607 72nd Terr E	Sarasota FL 34243
V-Pres	Joanne Khoumphonphakdy	3607 72nd Terr E	Sarasota FL 34243
Sec	Liane Khoumphonphakdy	3607 72nd Terr E	Sarasota FL 34243
Treas	Jane Khoumphonphakdy	3607 72nd Terr E	Sarasota FL 34243

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Khoumphonphakdy

Date

Daytime Phone #

941-355-8333

75 3/3

CR2E081 (10/02)