PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 21 PM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000104902

1. Corporation Name
LAM & SETYAWAN, INC.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
5216 MAPLE LANE	5216 MAPLE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FLORIDA	City & State: NAPLES FLORIDA
Zip: 34113 Country: COLLIER	Zip: 34113 Country: COLLIER

4. Date Incorporated or Qualified To Do Business in Florida: 11/06/2000

5. FEI Number: 59-368 1881 ☐ 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

	NEW
Name: Ho Lam	MAMAT SETYAWAN
Street Address (P.O. Box Number is Not Acceptable): 751 YORK TERR	5216 MAPLE LANE
Suite, Apt. #, Etc.	NAPLES FL 34113
City: NAPLES FL 34109	State: FL Zip Code:

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: Ho. W Lam Date: 11/17/05
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/V/D	MAMAT SETYAWAN	5216 MAPLE LANE	NAPLES / FL / 34113
			100061603824 11/21/05--01040--016 **900.00

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: MAMAT SETYAWAN 11/17/05 239 455 1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 22 2005