


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION**



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

FILED  
02 FEB -1 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110239

1. Corporation Name  
 Lamia of Spring Hill, Inc.

MA

2001-2002 UBR

2. Principal Office Address 13383 maunaloa Ct. Suite, Apt. #, etc. C		3. Mailing Office Address 13383 maunaloa Ct. Suite, Apt. #, etc.	
City & State Spring Hill, FL		City & State Spring Hill, FL	
Zip 34609	Country USA	Zip 34609	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/29/2000	
5. FEI Number 59-368-3941	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Christopher Lamia

Street Address (P.O. Box Number is Not Acceptable)  
13383 maunaloa Ct

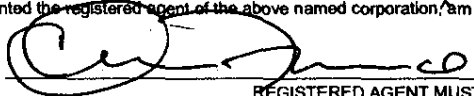
Suite, Apt. #, Etc.

City  
Spring Hill

State  
FL

Zip Code  
34609

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 1.25.2002

REGISTERED AGENT MUST SIGN


CR2EB1 (9/01)

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	Christopher Lamia	13383 maunaloa Ct.	Spring Hill / FL / 34609
Secy/ Treas	Tandra Lamia	13383 maunaloa Ct.	Spring Hill / FL / 34609

000004912200 5  
-02/12/02--01065--011  
\*\*\*\*300.00 \*\*\*\*300.00

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:  Chris Lamia President 1.25.2002 (352)279-0857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

282

LAMIA OF SPRING HILL, INC.  
13383 Mauna Loa Court  
Spring Hill, Florida 34609

January 24, 2002

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

RE: Reinstatement of Lamia of Spring Hill, Inc.

Dear Sir or Madam:

My corporation was administratively dissolved because I did not pay the 2001 annual dues. I never received the annual dues statement. The address of my corporation is:

13383 Mauna Loa Court  
Spring Hill, Fl 34609

I request that you waive the penalty fee, because if I had received the statement I would have paid it. Enclosed please find a check for the 2001 and 2002 annual dues in the amount of \$300.00.

Please change your records to reflect the above address as the correct address for this entity.

Thank You,



Chris Lamia, President