

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 16 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000007472

**1. Corporation Name**

LAG Inc.

**2. Principal Office Address**

10811 Walnut St., N.E.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33716

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/19/01

**5. FEI Number**

59-3691109

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

**7. Name and Address of Current Registered Agent**

Name

Alan M. Gross, Esquire

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

One Progress Plaza

Suite, Apt. #, Etc.

Suite 1210

City

St. Petersburg

State

FL

Zip Code

33701

**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 1/14/04

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
D/PST	Gyan Lynn Hardman	258-S.W. Monroe Circle, #4205	N. St. Petersburg, FL 33703

800039306508  
07/19/04--01008--006 \*\*900.00

800039306508  
07/19/04--01008--007 \*\*185.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

(727) 525-3843

Daytime Phone #

Gyan Lynn Hardman

CR2E081 (10/02)