

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 10:36

DOCUMENT # P01000021387

1. Corporation Name

On The Surface, Inc.

200065817122
02/14/06--01016--013 **608.75

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

17716 8th St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 560602

Suite, Apt. #, etc.

City & State

Montverde, FL

City & State

Montverde, FL

Zip

34756

Country

LAKE

Zip

34756

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/2001

5. FEI Number

593733802

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

Lisa Lafet

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

17716 8th St

Suite, Apt. #, Etc.

City

Montverde

State

FL

Zip Code

34756

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

[Signature]

Date

1/31/06

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.	Jerry Lafet	17716 8th ST.	Montverde, FL 34756
Vice Pres.	Craig Hyde	17716 8th ST.	Montverde, FL 34756
Treas.	Lisa Lafet	17716 8th ST.	Montverde, FL 34756

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/06 407-797-5238

Daytime Phone #

2 of 2

On The Surface Inc. (OTS)

February 3, 2006

Florida Department of State
Secretary Of State
Division of Corporations

RE: Corporation Reinstatement Fee

To whom it may concern:

This letter is a request to waive the Corporation reinstatement fee of \$600.00. We never received the annual Corporation report for 2003 or any other following years.


Enclosed, you will find a company check for the Corporation Report Fees for 2003 through 2006 totaling \$600.00.

Please confirm receipt and reinstatement. Any correspondence can be mailed to the following address:

On The Surface, Inc.
P.O. Box 560602
Montverde, FL 34756
407-797-5238

If you have any questions or concerns, I can be reached at 407-797-5238.

Sincerely,



Jerry Llafet
President

P.O. Box 560602 ♦ Montverde, FL ♦ 34756