

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 18, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P0100032209

1. Corporation Name

Lanitek, Inc.

2. Principal Office Address

3460 NW 32nd Ave.

Suite, Apt. #, etc.

City & State

Lauderdale Lake, Florida

Zip

32209

Country

3. Mailing Office Address

3460 NW 32nd Ave.

Suite, Apt. #, etc.

City & State

Lauderdale Lake, Florida

Zip

32209

Country

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

3/29/2001

5. FEI Number

65-1086316

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

Shirley Remy

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

3460 NW 32nd Ave.

Suite, Apt. #, Etc.

City

Lauderdale Lake

State
FL

Zip Code

32209

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

Shirley Remy
REGISTERED AGENT MUST SIGN

Date 12/12/02

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
CEO	Shirley Remy	3460 NW 32nd Ave.	Lauderdale Lake, FL 32209

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:

Shirley Remy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/02

Daytime Phone #

CR2E081 (9/01)

Lanitek, Inc
3460 NW 32nd Ave
Fort Lauderdale, FL 33309

December 2, 2002

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

RE: Requested to Waive/Reduce Reinstatement Charges

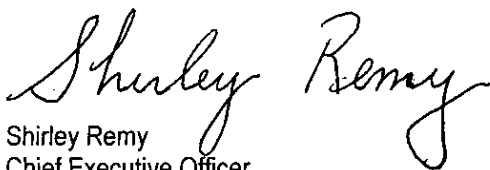
To Whom It May Concern:

Per my conversation with one of your representative this morning, I am requesting \$750.00 fee to be reduced to \$150.00 because of non-receipt of notification for renewal in the mail; due to address change. I have enclosed the following documents towards the application for reinstatement of our corporation, which apparently had been dissolved for non-payment:

- The Reinstatement Form
- Money Order in the amount of \$150.00

Thank you and let me know if you are in need of additional information.

Sincerely,



Shirley Remy
Chief Executive Officer

SR:

Enclosures