

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036501

1. Corporation Name

L. RAND ENTERPRISES, INC.

Principal Place of Business

1540 NW 22ND AVENUE
DELRAY BEACH FL 32445

Mailing Address

1540 NW 22ND AVENUE
DELRAY BEACH FL 32445

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

230 Villa D Este #1510

3. New Mailing Office Address, If Applicable

230 Villa D Este #1510

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2001

5. FEI Number

65-1091037

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Leslie Rand Lamotte	230 Villa D Este #1510	Delray Beach FL 33445

8. Name and Address of Current Registered Agent

LAMOTTE, LESLIE
1540 NW 22ND AVENUE
DELRAY BEACH FL 32445

9. Name and Address of New Registered Agent

Name: Lamotte, Leslie
Street Address (P.O. Box Number is Not Acceptable)
230 Villa D Este #1510
Suite, Apt. #, Etc.
Delray Beach
City: FL Zip Code: 33445

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/8/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

(561) 702 2581

Daytime Phone #

CR2E040 (8/02)

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

January 8, 2003

Re: L.Rand Enterprises Inc.

Dear Sir/Madam:

I received a notice of dissolution of the named corporation, L. Rand Enterprises Inc. Upon my inquiry with your office, I learned that although my application for renewal with payment of applicable fees was received, the form was incomplete. I never received any correspondence from the Division of Corporations and am requesting reinstatement. I have completed the appropriate form with the filing fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'Leslie R. Lamotte', with a long horizontal flourish extending to the right.

Leslie R. Lamotte
President- L. Rand Enterprises Inc