PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -9 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057508

1. Corporation Name

LaCroix, Inc.

REINSTATEMENT 02-03

800023237668
09/22/03--01061--002 **908.75

2. Principal Office Address	**3.** Mailing Office Address
99 S.E. Mizner Blvd	P.O. Box 491810
Suite, Apt. #, etc.: 826	Suite, Apt. #, etc.:
City & State: Boca Raton, FL	City & State: Fort Lauderdale, FL
Zip: 33432 Country: USA	Zip: 33349 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06-11-01

5. FEI Number: 65-1135393 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David LaCroix

Street Address (P.O. Box Number is Not Acceptable): 99 SE. Mizner Blvd. #826

Suite, Apt. #, Etc.: 826

City: Boca Raton, FL State: FL Zip Code: 33432

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 10-06-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/S	David LaCroix	99 S.E. Mizner Blvd #826	Boca Raton, FL 33432
	MAILING:	P.O. Box 491810	Ft. Lauderdale, FL 33349
		REINSTATEMENT	Dec 03

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: _____ David LaCroix 09.17.03 954-943-9600

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

JH 10/9