

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB 26 AM 11:23

**DOCUMENT # P01000122389**

1. Corporation Name

Lacetur, Inc

2. Principal Office Address - No P.O. Box #

12000 Indian Rocks Road

3. Mailing Office Address

12000 Indian Rocks Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo Florida

City & State

Largo Florida

Zip

33774

Country

Pinellas

Zip

33774

Country

Pinellas

4. Date Incorporated or Qualified

To Do Business in Florida 12-28-2001

5. FEI Number

134203463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

500170695225

02/26/10--01043--005 \*\*\$900.00

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name

Martin Turri

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

12000 Indian Rocks Road

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33774

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 2/10/2010

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
PTD	Martin Turri	12000 Indian Rocks Road	Largo, FL 33774
VDD	David Lacey	12000 Indian Rocks Road	Largo, FL 33774
S	Sherri Turri	12000 Indian Rocks Road	Largo, FL 33774

REINSTATEMENT 08-10

By 3/2/10

10. E-mail Address: yayaindianrock@aol.com

(To be used for future annual report notification)

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. I further certify, 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: *Martin Turri*

Martin Turri

2/10/2010 727-595-7911