

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009092

1. Corporation Name

LAPORTE FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

~~832 HAMMOCKS DR~~
~~OCOE FL 34761~~

~~832 HAMMOCKS DR~~
~~OCOE FL 34761~~



200023891102
10/17/03--01032--032 **150.00

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

2. New Principal Office Address, If Applicable

7635 Ashley Park Court

Suite, Apt. #, etc.

Suite 503-H

City & State
ORLANDO FL

Zip
32835

Country
~~ORANGE~~ USA

3. New Mailing Office Address, If Applicable

7635 Ashley Park Court

Suite, Apt. #, etc.

Suite 503-H

City & State
ORLANDO FL

Zip
32835

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2002

5. FEI Number

80-0034321

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
D	LAPORTE, MICHAEL A	832 HAMMOCKS DR	OCOE FL 34761

REINSTATEMENT

8. Name and Address of Current Registered Agent

LAPORTE, MICHAEL A
832 HAMMOCKS DR
OCOE FL 34761

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Michael A. Laporte
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Michael A. Laporte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 907-295-0300

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Friday, October 10, 2003

To Whom It May Concern:

My name is the Michael A. LaPorte, and I am the registered agent for the LaPorte Financial Group, Inc. and wish to notify you that I am unaware of any receipt of forms from the State of Florida and with that in mind, wish to reinstate my corporations since it appears that I am in the process of administrative dissolution.

Enclosed is my check due to you, and please notice my updated address information. Please don't hesitate to contact me if you have any questions.

Regards,

A handwritten signature in cursive script, appearing to read "Michael A. LaPorte".

Michael A. LaPorte