

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC 20 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2008047605**
1. Corporation Name
**Laclair + Son Truck + Equipment
Repair, Inc**

500043538635
12/20/04--01071--020 **300.00

2. Principal Office Address

17506 37th PL N

Suite, Apt. #, etc.

City & State

Loxahatchee FL

Zip

33470-5410

Country

PB

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

1

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/02

5. FEI Number

50-0003452

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

Marc R. Goldstein, Esq.

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

12300 South Shore Blvd

Suite, Apt. #, Etc.

202

City

Wellington

State

FL

Zip Code

33414

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

[Signature]

Date **12-15-04**

REGISTERED AGENT MUST SIGN

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.T.	James E Laclair, Sr.	17506 37th PL N	Loxahatchee FL 33470-5410

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-04 561-723-6378

Date

Daytime Phone #

CR2E081 (01/04)

Alan M. Wagner, CPA, PA

THE BOULEVARD BUILDING
1920 PALM BEACH LAKES BOULEVARD, SUITE 211
WEST PALM BEACH, FLORIDA 33409
PHONE (561) 712-9444 • FAX (561) 712-9411
EMAIL: AMWCPA1@AOL.COM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 15, 2004

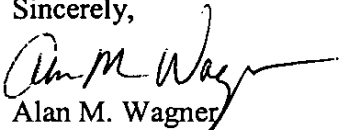
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

Re: LaClair & Sons Truck & Equipment Repair, Inc.

Dear Sir or Madame:

Enclosed is the corporation reinstatement form for the above reference corporation.
Please accept the reinstatement as timely filed as the officer of the corporation did not
receive the forms from the state for his annual filing.

Sincerely,


Alan M. Wagner