

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 21 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000077266**

1. Corporation Name

Lane Houk, PA

2. Principal Office Address

3911 SW 185th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3911 SW 185th Ave

Suite, Apt. #, etc.

City / State

Miramar, FL

Zip **33029**

Country

USA

City / State

Miramar, FL

Zip **33029**

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/2002

5. FEI Number

01-0731816

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

Lane Houk

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

3911 SW 185th Avenue

Suite, Apt. #, Etc.

City / State

Miramar

State

FL

Zip Code

33029

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date **10/01/04**

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
DPTS	Lane Houk	3911 SW 185th Ave	Miramar, FL 33029

500042441615
11/03/04--01048--008 **\$150.00

REINSTATEMENT 04

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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/04

Date

954-472-9144

Daytime Phone #

CP2E081 (01/04)

October 18, 2004

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Mr. Scott:

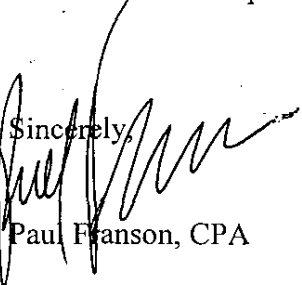
My name is Paul Franson and I am the accountant for the following companies. The owner of these businesses did not receive the 2004 UBR. We would respectfully request that the penalties be abated. Please find a reinstatement for 2004 and a check for \$150.

Lane Houk, PA

Shannon Houk, PA

Mr. Sulaman Enterprise, Inc.

Sincerely,



Paul Franson, CPA