

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 26 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000079139

1. Corporation Name

Lagg Enterprises, Inc.

2. Principal Office Address

4620 S. Florida Avenue

Suite, Apt. #, etc.

Suite 105

City & State

Lakeland, Florida

Zip

33813

Country

USA

3. Mailing Office Address

4620 S. Florida Avenue

Suite, Apt. #, etc.

Suite 105

City & State

Lakeland, Florida

Zip

33813

Country

USA

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/17/2002

5. FEI Number

43-1968318

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

Eduardo F. Morrell, Esquire

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

187 Lake Morton Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

100027529781

01/26/04--01097--034 **308 75

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

Eduardo F. Morrell

Date

1/23/04

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
PSTD	Ronald A. Lagg	4620 S. Florida Avenue	Lakeland, Florida 33813

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:

Ronald A. Lagg

Ronald A. Lagg

1/23/04

8636443148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

EDUARDO F. MORRELL, P.A.

ATTORNEYS AT LAW

EDUARDO F. MORRELL
DIANE E. HILL WATSON
KELLY J. POLLOCK

187 LAKE MORTON DRIVE
LAKELAND, FLORIDA 33801-5306

MAILING ADDRESS
P.O. BOX 2786
LAKELAND, FLORIDA 33806-2786

CELENE HUMPHRIES
OF COUNSEL

TELEPHONE: (863) 802-8037

FAX: (863) 802-5312

January 23, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

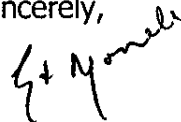
RE: Lagg Enterprises, Inc.

Dear Sir/Madam:

Our firm represents Lagg Enterprises, Inc. Our client has advised our firm it was dissolved for failure to file an annual report with the Department of State (the "State"). Our client also advised us they did not receive its annual report form from the State. Pursuant to your instructions, we are submitting the attached Reinstatement Form with a check in the amount of \$308.75 which represents your filing fee for the 2003 and 2004 annual report and a Certificate of Status. Please accept the enclosed check in the amount of \$308.75 as payment in full for the reinstatement of Lagg Enterprises, Inc. In addition, kindly forward the Certificate of Status to our office using the self-addressed, stamped envelope provided herein.

Thank you for your consideration in this matter and if you have any questions, please call our office.

Sincerely,



Eduardo F. Morrell

Encl

cc: Ronald A. Lagg (w/encl)