

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR 30 PM 2:56

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 - No P.O. Box #

1801 Crystal Lake Drive

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip
33801

Country
USA

3. Mailing Office Address

1801 Crystal Lake Drive

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip
33801

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/02

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
Ronald A. Lagg

Street Address (P.O. Box Number is Not Acceptable)
1801 Crystal Lake Drive

Suite, Apt. #, Etc.

City
Lakeland

State
FL

Zip Code
33801

☐ 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

Ronald A. Lagg

REGISTERED AGENT MUST SIGN

Date **4/27/07**

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 | Ronald A. Lagg | 5629 Harrell's Nursery Road | Lakeland, FL 33813 |
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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 contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel MAY - 8 2007