1052

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000095221

1. Entity Name
LAELLAEL, INC.

Principal Place of Business	Mailing Address
11900 N. NEBRASKA AVENUE SUITE 4 TAMPA, FL 33612-5362	11900 N. NEBRASKA AVENUE SUITE 4 TAMPA, FL 33612-5362
2. Principal Place of Business	**3.** Mailing Address
Suite. Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

11012004   REIN-P   CR2E098 (6/94)   04
REINSTATEMENT

4. FEI Number
35-2183574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
DEMOULIN, JOSEPH 11900 N. NEBRASKA AVENUE SUITE 4 TAMPA, FL 33612-5362	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL _____ Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 11/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEMOULIN, JOSEPH		NAME		
STREET ADDRESS	11900 N. NEBRASKA AVENUE #4		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336125362		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEMOULIN, BRIDGIT R		NAME		
STREET ADDRESS	11900 N. NEBRASKA AVENUE #4		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336125362		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	900042901949	
STREET ADDRESS			STREET ADDRESS	11/19/04--01049--023 **150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 11/17/04   813-786-2059
Signature and typed or printed name of signing officer or director   Date   813-968-9363   Daytime Phone #

Christopher E. Osimen, CPA, CFST

1209 W. Linebaugh Ave, Tampa, FL 33612
(813) 932-4351   FAX: (813) 932-4581   *EMAIL:* OSIMENCPA@yahoo.com

November 16, 2004

Justin M. Shivers, Document Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Shivers,

SUBJECT: LAELLAEL, INC.
REF #:   P02000095221

Please find enclosed the completed Corporation Reinstatement form signed by the president of LAELLAEL, INC., and $150.00 filing fees for 2004.

We are requesting that the State waive the Reinstatement penalty to zero because **we did not received Original/Second Notice Uniform Business Report (UBR).** We have exercised ordinary care and prudence on our part in complying with the State laws.

Please kindly call me at (813) 932-4351 if you have any questions.

Thanks for your usual cooperation

Yours truly,

JOSEPH DEMOULIN
President