

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000118746**

1. Corporation Name

**LASH COMMUNICATIONS INC.**

Principal Place of Business

Mailing Address

1455 HOLLY HEIGHTS DR.  
SUITE 38  
FORT LAUDERDALE FL 33304

1455 HOLLY HEIGHTS DR.  
SUITE 38  
FORT LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LASH, NICHOLAS	1455 HOLLY HEIGHTS DR. SUITE 38	FORT LAUDERDALE FL 33304

400025940554  
01/02/04 01056-002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LASH, NICHOLAS  
1455 HOLLY HEIGHTS DR.  
SUITE 38  
FORT LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Nick Lash*

REGISTERED AGENT MUST SIGN

Date

12/11/03

11. 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:

*Nick Lash / Nick Lash*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/03  
Date

754-709-0040  
Daytime Phone #

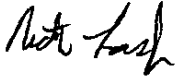
CR2E040 (7/03)

To whom it Concerns,

This letter is for reinstatement to active status of Lash Communications Inc. This was the first the notice that I received for filing. I have enclosed a money order for \$150.00 and the applications that was sent to me just recently.

Thanks for your help with this matter. If anything else is needed please call me at 954-709-0040.

Nick Lash.

A handwritten signature in cursive script, appearing to read "Nick Lash".