

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 13 PM 2:01

DOCUMENT # P02000132516

1. Corporation Name

LARJON CORPORATION

2. Principal Office Address - No P.O. Box #

1410 S. MCCALL ROAD

3. Mailing Office Address

57 JOHANNA DRIVE

Suite, Apt. #, etc.

B-201

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

HOLLAND, PA

Zip

34223

Country

USA

Zip

18966

Country

USA

000184290920
08/12/10--01031--00 **1050.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2002

5. FEI Number
22-3889031

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name
WOLODIMIR WOLOWEC

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

1401 S. MCCALL ROAD

Suite, Apt. #, Etc.

B-201

City

ENGLEWOOD

State

FL

Zip Code

34223

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/6/2010

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	VERA WOLOWEC	9223 GRACE LANE	PHILADELPHIA, PA 19115

10. E-mail Address: wandvwolowec@comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/2010

Date

Daytime Phone #

267-988-4183
215-816-1089