

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 13 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO3000075459

1. Corporation Name ANDREW LALOR INC

W07-26937

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

10197 TRAMORE AVE

Suite, Apt. #, etc.

UNIT A

City & State

ENGLEWOOD FLORIDA

Zip

34224

Country

USA

3. Mailing Office Address

10197 TRAMORE AVE

Suite, Apt. #, etc.

UNIT A

City & State

ENGLEWOOD FLORIDA

Zip

34224

Country

USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 331036382

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

ANDREW LALOR

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

10197 TRAMORE AVE

Suite, Apt. #, Etc.

UNIT A

City

ENGLEWOOD

State

FL

Zip Code

34224

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

Andrew Lalor

REGISTERED AGENT MUST SIGN

Date MAY 29 2007

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 |
|------------------|-----------------------------------|--|---------------------------|
| <u>PRESIDENT</u> | <u>ANDREW LALOR</u> | <u>10197 TRAMORE AVE UNIT A</u> | <u>ENGLEWOOD FL 34224</u> |
| | | | |
| | | | |
| | | | |

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05/21/07--01011--007 **450.00

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: ANDREW LALOR Andrew Lalor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 29 2007

Date

270-1338
941 270 1338

Daytime Phone #