PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P03000116813

1. Corporation Name

LAGOS APARTMENTS VIII INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
37975 HILLSIDE LN	750 SHRINE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DADE CITY FL	City & State: SPRINGFIELD, OH
Zip: 33525 Country: USA	Zip: 45504 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/2003

5. FEI Number: 55-0849254 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND RD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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: Kelly Halford REGISTERED AGENT MUST SIGN

Kelly Halford
Assistant Secretary

Date: 8-26-10

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
PRES.	THOMAS H. LAGOS	750 SHRINE RD	SPRINGFIELD, OH 45504
			B 8/31/10
	REINSTATEMENT		08-10

10. E-mail Address: Lagosth@yahoo.com
(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] 8/26/10 937 324-3606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 06/03/2010 C T System Online