

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 PM 2:31

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P03000150287~~ P03000150287

1. Corporation Name

Steve Lauto Installation Inc.

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

7601 Laurel Oak Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

7601 Laurel Oak Ct.

Suite, Apt. #, etc.

City & State

Port Richey FL

Zip

34668

Country

Pasco

City & State

Port Richey FL

Zip

34668

Country

Pasco

200180275972
05/04/10--01048--005 **458.75

REINSTATEMENT 08-10
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-3-05

5. FEI Number

23-1697259

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

Steve Lauto

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

7601 Laurel Oak Ct.

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

PROFIT CORPORATIONS ONLY
☒ The \$600.00 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

Date

4-23-10

REGISTERED AGENT MUST SIGN

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
D	Steve J. Lauto	7601 Laurel Oak Ct	Port Richey FL 34668

10. E-mail Address: SLauto 62@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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-10

Date

727-207-3696

Daytime Phone #