2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

DOCUMENT # P03000153913 2006 DEC 15 PH 3: 20 1. Entity Name LASHER ENTERPRISES, INC. SECRETART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9900-B NORTH PALAFOX STREET 9900-B NORTH PALAFOX STREET PENSACOLA FL 32534 PENSACOLA, FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 10232006 REIN-P CR2E098 (11/05) City & State City & State 4. FEI Number Applied For 20-0651672 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LASHER, ROBERT B 9900-B NORTH PALAFOX STREET Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32534 Zip Code City Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 in accordance with s. 607,193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST MILE Delete IIILE LASHER ROBERT B 600082573416 12/15/06--01046--004 **150.00 NAME NAME 9900-B NORTH PALAFOX STREET STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32534 DIY-SE 7P CDY SI 7/P Delete Change ☐ Addition met TiTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete UNE 1611 ☐ Channe ☐ Addition 1111 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C17 - 57 - 218 ☐ Change Addition MA Detete 2055 MALA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change Addition me :545 NAME STREET ADDRES STREET AUDRESS CITY-ST-ZIP CITY-\$1-ZIP Change ☐ Addition TITLE tets c HAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Horida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

FILE PAGE IN

Daytone Phone #

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SUSAN A. WOOLF

December 13, 2006

Department of State Division of Corporations ATTN: Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314

Re: Lasher Enterprises, Inc.

Document No. P03000153913

Ladies and Gentlemen:

Enclosed please find a completed form requesting reinstatement of Orris Enterprises, Inc., which was administratively dissolved in 2005 for failure to file its annual report. Our client, Robert Lasher, who is registered agent and the sole officer/director of the corporation, did not receive the annual report notice in the year of dissolution. We have also enclosed a check for the required reinstatement fee of \$150.00.

Please let us know if you have any questions or need anything further to complete this request. Thanks very much.

Very truly yours,

SHELL FLEMING, DAVIS & MENGE

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SBS/mls Enclosures

cc: 'Mr. Robert B. Lasher (w/ encl.)

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