

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 SEP 15 P 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|--|---|--|
| DOCUMENT # P04000039040 1. Entity Name LAPORTE MANAGEMENT, INC. | | | |
| Principal Place of Business 117 OLD SPANISH BLUFF TRAIL EAST PALATKA, FL 32131 | | Mailing Address 117 OLD SPANISH BLUFF TRAIL EAST PALATKA, FL 32131 | |
| 2. Principal Place of Business - No P.O. Box # 1100 MARTY DRIVE Suite, Apt. #, etc. | | 3. Mailing Address 1100 MARTY DRIVE Suite, Apt. #, etc. | |
| City & State SAINT AUGUSTINE, FL Zip 32086 | | City & State SAINT AUGUSTINE, FL Zip 32086 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-0765428 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAPORTE, DENNIS 117 OLD SPANISH BLUFF TRAIL EAST PALATKA, FL 32131 | | 7. Name and Address of New Registered Agent Name LAPORTE, DENNIS Street Address (P.O. Box Number is Not Acceptable) 1100 MARTY DRIVE City SAINT AUGUSTINE FL Zip Code 32086 | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable</small> | | DATE 9/10/09 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PVT NAME LAPORTE, DENNIS STREET ADDRESS 117 OLD SPANISH BLUFF TRAIL CITY-ST-ZIP EAST PALATKA, FL 32131 | <input checked="" type="checkbox"/> Delete | TITLE PVT NAME LAPORTE, DENNIS STREET ADDRESS 1100 MARTY DRIVE CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE VP NAME LAPORTE, CARISSA STREET ADDRESS 1100 MARTY DRIVE CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| REINSTATEMENT 08-09 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida 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 changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: PRES | | DATE 9/10/09 DAYTIME PHONE 904-501-0207 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>DATE DAYTIME PHONE</small> | |