

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 DEC 30 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000127343

1. Corporation Name

S. LaRue, Inc.

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

1903 Canyonwood Court

Suite, Apt. #, etc.

3. Mailing Office Address

1903 Canyonwood Court

Suite, Apt. #, etc.

City & State

Valrico, FL

City & State

Valrico, FL

Zip

33596

Country

USA

Zip

33596

Country

USA

REINSTATEMENT 08-09  
CR2#081 M109

700164049677  
12/30/09--01018--022 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida 9/8/2004

5. FEI Number  
43-2059892

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  
Scott G. LaRue

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

1903 Canyonwood Court

Suite, Apt. #, Etc.

City  
Valrico

State Zip Code  
FL 33596

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

*Scott LaRue*

Date 12/27/2009

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
P	Scott G. LaRue	1903 Canyonwood Court	Valrico, FL 33596
S	Scott G. LaRue	1903 Canyonwood Court	Valrico, FL 33596

*12/31*

10. E-mail Address: slarue@tampabay.rr.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:

*Scott LaRue*

12/27/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #