

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 22 PM 2:06

DOCUMENT # P04000144746

1. Corporation Name

DAVID LANGLAIS & ASSOCIATES, INC.

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

24 N.W. 43RD TERRACE

Suite, Apt. #, etc.

N/A

City & State

PLANTATION, FLORIDA

Zip

33317

Country

USA

3. Mailing Office Address

24 N.W. 43RD TERRACE

Suite, Apt. #, etc.

N/A

City & State

PLANTATION, FLORIDA

Zip

33317

Country

USA

700151822677
04/22/09--01004--021 **158.75

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/19/04

5. FEI Number

650852681

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

DAVID LANGLAIS

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

24 N.W. 43RD TERRACE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/13/09

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
<u>D</u>	<u>DAVID LANGLAIS</u>	<u>24 N.W. 43RD TERRACE</u>	<u>PLANTATION, FL. 33317</u>

300150353079
04/19/09--01035--030 **300.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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]

DAVID LANGLAIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/09

Daytime Phone #

786-306-8817