

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

08 FEB 11 AM 9:10

DOCUMENT # P05000033665

1. Corporation Name

LAUTHER AMUSEMENTS INCORPORATED

400117850414
02/12/08--01025--004 **450.00

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

10009 ALAVISTA DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

GIBSONTON FL

Zip

33534

Country

HILLS

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

030305

5. FEI Number

59-21662936

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

ZIMMER & LAWSON ACCOUNTING SERVICE INC *disputed*

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

2403 W STATE STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

☒ 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

Melissa Z. Lawson

REGISTERED AGENT MUST SIGN

Date *2-8-08*

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	LAUTHER, MICHAEL	10009 ALAVISTA DR	GIBSONTON FL 33534

REINSTATEMENT *06-08*

B 2/13/08

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:

Michael Lauther
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/08

Daytime Phone #

813 927 1255