

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600137666416
11/12/08--01045--003 **150.00

600137666416
11/05/08--01020--012 **158.75

DOCUMENT # P06000123626

1. Corporation Name

Lafayette Carey & Associates
Inc.
W08—506666

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

15629 Tangerine Blvd
Suite, Apt. #, etc.
N/A

3. Mailing Office Address

15629 Tangerine Blvd
Suite, Apt. #, etc.
N/A

City & State

Loxahatchee FL

City & State

Loxahatchee FL 33470

Zip

33470

Country

Palm beach

Zip

33470

Country

Palm beach

7. Name and Address of Current Registered Agent

Name

Lafayette Carey

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

15629 Tangerine Blvd

Suite, Apt. #, Etc.

N/A

City

Loxahatchee

State

FL

Zip Code

33470

REINSTATEMENT 07-08

4. Date Incorporated or Qualified To Do Business in Florida

09/26/2008

5. FEI Number

20-5661588

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required for a Certificate of Status

☒ 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

Lafayette Carey

REGISTERED AGENT MUST SIGN

Date 10-21-08

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	Carey, Lafayette	15629 Tangerine Blvd	Loxahatchee FL 33470
VP	Carey, William A	1130 Chorus way	Royal Palm beach FL 33411
Sec	Stewart, Albert	1600 Crandon AVE	West Palm beach FL 33407

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:

Lafayette Carey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-08

Date

561-721-5964

Daytime Phone #

11/14