

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 FEB -4 AM 1:44

DOCUMENT # P10000060951

1. Corporation Name

Kevin Lagrange Inc.

REINSTATEMENT 12-13

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

11446 137th ST N

Suite, Apt. #, etc.

C109

City & State

Largo FL

Zip

33774

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7-26-2010

5. FEI Number

27-3102509

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

Kevin Lagrange

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

11446 137th ST N

Suite, Apt. #, Etc.

C109

City

Largo

State

FL

Zip Code

33774

200243124052
12/28/12--01017--016 **750.00

200243124052
02/04/13--01058--001 **150.00

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 12-26-12

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>Pres</u>	<u>Kevin Lagrange</u>	<u>11446 137th ST N C109</u>	<u>Largo FL 33774</u>

FEB 04 2013

D. BUTLER

10. E-mail Address: Oceanair@gte.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-12

Date

727-638-8654

Daytime Phone #