

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR 10 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048582

1. Corporation Name

LARGO LAKE ENTERPRISES, INC.

2. Principal Office Address

99411 Overseas Hwy.

Suite, Apt. #, etc.

Suite 4

City & State

Key Largo, FL

Zip

33037

Country

US

3. Mailing Office Address

99411 Overseas Hwy.

Suite, Apt. #, etc.

Suite 4

City & State

Key Largo, FL

Zip

33037

Country

US

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/93

5. FEI Number: 65-0423101

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

Richard L. Overfield

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

99411 Overseas Hwy.

Suite, Apt. #, Etc.

Suite 4

City

Key Largo

State

FL

Zip Code

33037

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

*Richard L. Overfield*

REGISTERED AGENT MUST SIGN

Date 3/9/00

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	Justo Gomez	25 Bay Rd.	Key Largo, FL 33037
T	Justo Gomez	25 Bay Rd.	Key Largo, FL 33037
D	Justo Gomez	25 Bay Rd.	Key Largo, FL 33037

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/00

Daytime Phone #

CR2E081 (9/99)