

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC 28 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013288

1. Corporation Name

LAVERNE & ANITA, INC.

2. Principal Office Address

425 C.R. 720

Suite, Apt. #, etc.

City & State

Clewiston, FL 33440

Zip

33440

Country

Hendry

3. Mailing Office Address

425 C.R. 720

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip

33440

Country

Hendry

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/94

5. FEI Number

65-0496446

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

Joseph M. Hendry II

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

606 West Sugarland Hwy.

Suite, Apt. #, Etc.

City

Clewiston, FL 33440

State

FL

Zip Code

33440

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

12/19/06

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
D	Laverne D. Redish	425 C.R. 720	Clewiston, FL 33440
D	Anita Griffin	425 C.R. 720	Clewiston, FL 33440

000082816690  
12/28/06--01020--010 \*\*1050.00

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

*Laverne D. Redish*  
*Laverne & Anita Inc*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laverne D. Redish

Date

Dec. 19 2006

Daytime Phone #

863-983-

K. Eckel DEC 29 2006