

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
98-99AR

FILED

02 JUL 11 PM 12:19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045348**

1. Corporation Name

LAPLANT VAN LINES, INC.

Principal Place of Business

9605 TRASK ST.
TAMPA FL 33624

Mailing Address

9605 TRASK ST.
TAMPA FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9610 Norwood Dr.

Suite, Apt. #, etc.

Tampa, Florida

City & State

Zip

33624

Country

Hillsborough

3. New Mailing Office Address, If Applicable

9610 Norwood Dr

Suite, Apt. #, etc.

Tampa, Florida

City & State

Zip

33624

Country

Hillsborough

REINSTATEMENT 98-99AR

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1994

5. FEI Number

59-3252559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LAPLANT, GARY J	9402 N. ROME CIRCLE	TAMPA FL 33612
		16218 Sawgrass Circle	Tampa, Florida 33624

200002905692--4
-06/15/99--01103--001
****908.75 ****908.75

8. Name and Address of Current Registered Agent

LAPLANT, GARY J
9402 N. ROME CIR.
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name

Laplant, Gary J

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

16218 Sawgrass Circle

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

GARY LAPLANT
GARY LAPLANT

REGISTERED AGENT MUST SIGN

Date

5/24/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: Gary J. Laplant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99 813-882-3797

Date

Day in Parentheses

CR2E040 (9/98)