

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 13 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056438

1. Corporation Name

LASAC, INC.

262 Hiamonee Drive
Tallahassee, FL 32312

2. Principal Office Address
262 Hiamonee Drive

3. Mailing Office Address
Tallahassee, FL 32312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32312

Country
Leon

Zip
32312

Country
Leon

**4. Date Incorporated or Qualified
To Do Business in Florida 1994**

5. FEI Number
58-2124964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

97-04
MRD

7. Name and Address of Current Registered Agent

Name
R. Bruce Warren

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32312

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

Date July 13, 2004

REGISTERED AGENT MUST SIGN

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	R. Bruce Warren	262 Hiamonee Drive	Tallahassee, FL 32312
ST	Louisa H. Warren	262 Hiamonee Drive	Tallahassee, FL 32312

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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:

R. Bruce Warren

July 13, 2004

229-226-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)