

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067281

1. Corporation Name

LAZER CARPENTRY, INC.

Principal Place of Business

8365 GLENEAGLE WAY
NAPLES FL 34120

Mailing Address

8365 GLENEAGLE WAY
NAPLES FL 34120

430 29th St NW
Naples FL 34120

430 29th St NW
Naples FL 34120

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1994

5. FEI Number

65-0524326

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
0	SMITH, GEORGE W	8365 GLENEAGLE WAY 430 29th St NW	NAPLES FL 34120

700009420307

12/09/02--01078--005 **150.00

8. Name and Address of Current Registered Agent

SMITH, GEORGE W
~~8365 GLENEAGLE WAY~~
NAPLES FL 34120

9. Name and Address of New Registered Agent

Name George W Smith
Street Address (P.O. Box Number is Not Acceptable)
430 29th St NW
Suite, Apt. #, Etc.
City Naples
State FL Zip Code 34120

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-4-02

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., 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
George W Smith 12-4-02 239-353-7642
Date Daytime Phone #

CR2E040 (8/02)

To Whom This Concerns

I have inclosed a check
for \$150.00 dollars to reinstate
Lazer Carpentry. We have moved
3 times in the last 3-4 years,
have been in our new house since
the begining of this year 2002.
I have not recieved any other letters
for renewal until I receive the cancellation
of our corporation. I hope we
can resolve this problem!

Thank You

Lazer Carpentry

239-353-7642
430 29th St NW
Naples FL 34120