

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 APR 20 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071763

**1. Corporation Name**

Lacovia, Inc.

**2. Principal Office Address**

4125 4th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33703

Country

USA

**3. Mailing Office Address**

4125 4th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33703

Country

USA

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

09/29/94

**5. FEI Number**

59-3299853

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

Mendelsohn, Harvey

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

4125 4th Street North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33703

**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

REGISTERED AGENT MUST SIGN

Date

04/05/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	Mendelsohn, Harvey	4125 4th Street North	St. Petersburg, Florida 33703

**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 application are 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

Harvey Mendelsohn

Date

Daytime Phone #

04/05/01

727/821-3773