	PLEASE READ			COMPLETING THIS FORM.
APPLICA FOR REINSTATE	TION	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of corporations		
DOCUMENT # 09 50000 21111				98 SEP 24 AM 10: 1 1
DOCUMENT # (95000024/11 LALANCE & SON INC				SECRETARY OF STATE TALLAHASSEE. FLORIDA
•				IALLAHASSEL, FLURIDA
Principal Place of Busi	ness fwy27 N#03	Mailing Address 459 EA	gie Ridge De	e
	FL 33870	LAKEAN	res, Fl	REINSTATEMENT07-98-
If above addresses are incorrect in any way, line through incorrect information				
2. New Proncipal Office Suite, Apt. #, etc.	e Address, II Applicable	3. New Mailing Office A Suite, Apt. #, etc.	Address, If Applicable	4. Date Incorporated or Oualified To Do Business in Florida
City & State	.	City & State	· ·	5. FEI Number 65-0572060 Applied For Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street	Addresses of Each Officer and/ Name of Officers	for Director (Florida nonpre	ofit corporations must list at le Street Address of Eac	
Title(s) 2	and/or Directors	3 (1	Officer and/or Directo Do NOT Use Post Office Box	tor City / State / Zip
8. Ne	me and Address of Current I	Registered Agent		100026518018 -09/2979801071027 *****900.00 *****900.00 10026518018 -09/2979801071028 *******8.75 *******
S'ADRUDDIN, LALANC Name S				SADRUDDON, LALANI
7524 SELIRAT ST # 308 OCCANDO, FL 32819 10. 1, being appointed the registered agent of the above Armod corporation, am familiar with			Suite, Apl. #, Etc City	RLAND State Zip Code FL 32819
Signature of Registered Agent. Jod 84 da in Arg 24, 98				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yee No (See other side for information on intangible tax.)				
12. I certify that I em 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:	SIGNATUDE AND TYPED OF PRI		TCER OR DIRECTOR	A19-24,98 407-257 Dato 24,98 8878