

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 JUN 12 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000042753

**1. Corporation Name**

LAUREN RESOURCES, INC.

**2. Principal Office Address**

18479 Mason Smith Road  
Brooksville, FL 34601

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

P.O. Box 10322  
Brooksville, FL 34601

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

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

05/26/1995

**5. FEI Number**

59-3350166

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

STEPHEN A. EICHOLTZ

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

18479 MASON SMITH ROAD

Suite, Apt. #, Etc.

City

BROOKSVILLE, FL

State

FL

Zip Code

34601

**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

6/8/00

**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	STEPHEN A. EICHOLTZ	18479 Mason Smith Road	Brooksville, FL 34601
S	JOSEPH E. HAMILTON	11130 Sunshine Grove Road	Brooksville, FL 34614

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Eicholtz Pres.

Date

6/8/00

Daytime Phone #

352 544 0500