

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -7 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060096

1. Corporation Name

LAMMAS INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

337 S. TROPICAL TR
MERRITT ISLAND FL 32952

P.O. BOX 541039
MERRITT ISLAND FL 32954

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1995

5. FEI Number

59-3328622

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	WANG, RERN-JAI	337 S, TROPICAL TR	MERRITT ISLAND FL 32952

100003172081--5
-03/16/00-01025-018
****900.00 ****900.00

8. Name and Address of Current Registered Agent

WANG, RERN-JAI
337 S. TROPICAL TR
MERRITT ISLAND FL 32952

9. Name and Address of New Registered Agent

Name Rachel Siu
Street Address (P.O. Box Number is Not Acceptable)
5700 Old Howell Branch Rd
Suite, Apt. #, Etc.
City Winter Park State FL Zip Code 32792

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.

Signature of
Registered Agent

X
REGISTERED AGENT MUST SIGN

Date 1/23/00

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/00

CR2040 (8/99)