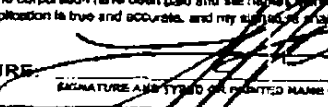


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000082742			
1. Corporation Name Limp-A-Lot Publishing, Inc.			
2. Principal Office Address - No P.O. Box # 12300 N.W. 23rd Court		3. Mailing Office Address 12300 N.W. 23rd Court	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33323	Country USA	Zip 33323	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 10/27/1995		5. FEI Number 650630250	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable ☐	
7. Name and Address of Current Registered Agent Lazaro Mendez Street Address (P.O. Box Number is Not Acceptable) 12300 N.W. 23rd Court State, Apt. #, Etc. Plantation State FL Zip Code 33323			
8. I, being accompanied by the registered agent, the secretary, or a partner, am familiar with and accept the obligations of section 607.0805 or 617.0903, F.S. Signature of Registered Agent  Date 12/4/07 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Lazaro Mendez	12300 NW 23rd Court	Plantation, FL 33323
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 corporation 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 and addresses listed on this form do not qualify for an exemption contained in Chapter 119, 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 		Date 12/4/07 Phone # 954 370-7700	
SIGNATURE AND PRINTED NAME OF INCUMBING OFFICER OR DIRECTOR			

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To: The Florida Dept. of State
Subject: 000650 78194

From: Ashley Smith

Wednesday, December 05, 2007 11:40 AM Page: 1 of 2

Florida Department of State
Division of Corporations
Public Access System

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000292515 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

CORPORATION REINSTATEMENT

LIMP-A-LOT PUBLISHING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,800.00

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filing to Mrs.
Judy, so she
can obtain
certified copy *

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