PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

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

FILED
00 JAN 26 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095034

1. Corporation Name
LAURA Le MAY INC

2. Principal Office Address
1001 Starkey Rd
Suite, Apt. #, etc.
411
City & State
LARGO
Zip 33771 Country Pinellas

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12-13-1995

5. FEI Number 12-046103 2 Applied For / Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name Le May Laura 1001 Starkey Rd Lot 411 Largo Fl 33771
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

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 Laura Lemay Date 1-13-00
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| Pres | Michael LeMay | 1001 Starkey Rd Largo 33771 Lot 411 | |
| | | | 400003112254--8 -01/27/00--01001--018 ****300.00 ****300.00 |
| | | Reinstate 1-26-00 DMS | |
| | | | 400003112254--8 -01/27/00--01001--019 ****150.00 ****150.00 |

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 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 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 indi on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: Laura Lemay Laura Lemay 1-13-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #