₽LEASE READ	ALL INSTRUCTIONS	BEFORE COI	MPLETING THIS FOR	RM.	
APPLICATION FOR REINSTATE JIE IT		OF STATE Tris State RATIONS	FIL	ED 106	
DOCUMENT# P96000	0070426		00 OCT 16 AMII: 14		
1. Corporation Name	ORI ANDO INC		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
LAZARUS INVESTMENTS OF	JALANDO, INC.		JALLANAS	, oca , .	
Principal Place of Business	Mailing Address	11111		BOUR LOCAL COURT OF THE CARLE STATE OF THE	
332 SPG RUN CIR LONGWOOD FL 32779 US	SOZ SPG RUN CIR LONGWOOD FL 32779 US	1 118119811			
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ough incorrect information and enter		. Date Incorporated or Qualified		
7045 Horzow (1)2 Suite, Apt. #, etc.	70 BOX 28 Suite, Apt. #, etc.	80 C 782 To Do B		08/23/1996	
City & State	City & State	5.	FEI Number -= 59-3397443 -	Applied For Not Applicable	
Zip ZIJG Country	Zip 3 4 78(a Countr	$\frac{1}{\sqrt{2}}$	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and			3 directors)		
		reet Address of Each fficer and/or Director			
PSTD LAZARUS, ROBERT H	2265 LEE ROAD), SUITE 111	WINTER PARK FL	32789	
		DDDD34415802 -10/27/0001014004 ****150.00 ****150.00			
		·	*****130.1	30 ****130.00	
		 1		LS	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
ALIENI AMERICA OLIA PEPEP			Box Number is Not Acceptable)		
343 ALMERIA AVENUE CORAL GABLES FL 33134	Suite, Apt. #, Etc.				
COINE GABLES TE COTOT	City	City State Zip Code			
10. I, being appointed the registered agent of the ab	ove named corporation, and familiar	nt and accept the obliga	ations of Section 607.0505, F.S.	FL	
Signature of Registered Agent SIGNA	TUP DE SIGN	IRED_	Date	-18-00	
I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been eliminated, the corp names of individuals listed on this fo	orate name satisties the orm do not qualify for an	e requirements of section 607.0401 o exemption under section 119.07(3)(i	[0 [.040 , F.O., tilat all lees	
SIGNATURE: SIGNATURE AND THE DOT PE	RINTED NAME OF SIGNING OFFICER OR		10/14/00	1) 40 ? 90 9 - 9666 Daytime Phone #	
Ro	BERT CAZA	erus - F	President		

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LAZARUS INVESTMENTS, INC.

P.O. BOX 782 WINDERMERE, FL 34786 (407) 909-9666 PHONE (407) 909-9619 FAX

TO: Division of Corporations

FROM: Bob Lazarus

DATE: 10/18/00

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SUBJECT: Reinstatement of Corporate status

Dear Sir or Ma'am:

There has been some confusion in the process to renew Lazarus Investments, Inc. this year. Due to the fact that my company was in the process of moving our offices, I did not receive my original renewal notice. When I received the late notice I called and was told to write a letter explaining the problem with not receiving the first notice and send in a check for the original amount due. I sent the letter and the check to Division of Corporations and thought the situation had been resolved until I received the notice of administrative dissolution or revocation. I am now sending in the form that is required to be filled out as well as the check for the renewal, as well as this letter. Please let me know if there is anything else that I need to resolve this matter.

Sincerely,

Robert H Lazarus- President