

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *pg 192*

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

CP 012

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 18 AM 9:03

DOCUMENT # *996000093407*

1. Corporation Name

LANGFORD PROPERTIES, INC.

2. Principal Office Address

5001 4th Street North

Suite, Apt. #, etc.

Suite A

3. Mailing Office Address

P.O. Box 7990

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33703

Country

Zip

33734

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3411213

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

Nicholas F. Lang, P.A.

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

5001 4th Street North

Suite, Apt. #, Etc.

Suite A

City

St. Petersburg,

State

FL

Zip Code

33703

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

Nicholas F. Lang, P.A.

By:

Nicholas F. Lang, President

Date: September 14, 2001

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
D,P,T	Lang, Sarah F.	5001 4th St. N., Ste. A	St. Petersburg, FL 33703
D,V,S	Lang, Nicholas F.	5001 4th St. N., Ste. A	St. Petersburg, FL 33703

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:

Nicholas F. Lang

9/14/01

(727) 522-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

pg 2 of 2

LANGFORD PROPERTIES, INC.

5001 4th St. No., Suite A
St. Petersburg, FL 33703
Telephone: (727) 522-9800

September 14, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Langford Properties, Inc.

Dear Sir or Madam:

I am enclosing the Corporation Reinstatement form for Langford Properties, Inc., which was administratively dissolved on October 16, 1998 for failure to file its annual report for 1998. However, I have been informed by the Reinstatement Section that the annual report form for 1998 was mailed to an incorrect address for Langford and was returned to the Department of State.

Therefore, I request that the Department waive the reinstatement fee in this case. Accordingly, I am enclosing Langford check no. 242 to the Department of State in the amount of \$600.00, representing only the annual report fees for 1998-2001. Please process the Reinstatement form to allow for reinstatement of the corporation.

If you have any questions concerning this matter, please call me.

Sincerely yours,

Nicholas F. Lang

NFL/dmr
Enclosures

15

2001

Handwritten signature/initials