

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 SEP 12 AM 12:22

DOCUMENT # P96000104594

1. Corporation Name

The Last Straw Inc

REINSTATEMENT

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
901 US 41 ByP S
Suite, Apt. #, etc.

3. Mailing Office Address
901 US 41 ByP S
Suite, Apt. #, etc.

City & State
Venice FL

City & State
Venice FL

Zip Country
34285 USA

Zip Country
34285 USA

4. Date Incorporated or Qualified
To Do Business in Florida
01/02/1997

5. FEI Number
65-0714995

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
Sandra K Pridemore CPA PA
Street Address (P.O. Box Number is Not Acceptable)
229-Tamiami Trl S
Suite, Apt. #, Etc.
Ste 1
City
Venice

State Zip Code
FL 34285

600290141196
09/12/16--01041--015 **1650.00

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 *Sandra K Pridemore*

Date **5/18/2016**

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	Marjorie W Riggle	901 US 41 ByP S	Venice FL 34285

SEP 17 2015

C. CARROTHERS

10. E-mail Address: **sandra.pridemorecpa@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Marjorie W. Riggle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/11/2015**
Daytime Phone # **941-488-6723**