

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 24 / AM 10: 01
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02/24/03--01060--011 **1508.75

DOCUMENT # **P97000013183**

1. Corporation Name

Langdon Accounting & Tax Service, Inc.

2. Principal Office Address

125 First Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 850

Suite, Apt. #, etc.

City & State

Nokomis, Florida

City & State

Osprey, Florida

Zip

34275-4242

Country

Sarasota

Zip

34229-0850

Country

Sarasota

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/10/1997

5. FEI Number

65-0731120

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

Allen E. Langdon, Ph.D.

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

125 First Avenue

Suite, Apt. #, Etc.

City

Nokomis

State
FL

Zip Code

34275-4242

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

Allen E. Langdon

REGISTERED AGENT MUST SIGN

Date **February 21, 2003**

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
DP	Allen E. Langdon, Ph.D.	125 First Avenue	Nokomis, FL 34275-4242
DST	Grace R. Langdon	125 First Avenue	Nokomis, FL 34275-4242

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)(l), 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:

Allen E. Langdon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen E. Langdon, Ph.D./Pres 02/21/2003 (941) 966-7829

Date

Daytime Phone #

CR2E081 (10/02)