LEASE	READ	ALL	INSTR	UCTIONS	BEFORE	COMP	LETING THI	S FO
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CORPORATION	l
REINSTATEMEN	Т



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

01 JUN 11 AM 9: 17

SECRETARY OF STATE

DOCL	JMENT	#	P97000046423

1. Corporation Name

ROBERT E. LANGFORD CORPORATION

	ew England Avenue	3. Mailing Office Post Offic	Address De Box 970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
				Date Incorporated or Qualified To Do Business in Florida 05/22/1997
City & State		City & State		5. FEI Number Applied For
Winter Park, Florida Zip Country USA		Winter Pari	k, Florida	59–3450306 Not Applicable
		^{Zip} 32790	Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
		7. Name	and Address of Current	Registered Agent
Name	Steven H. K	ane		
Street /	Address (P.O. Box Number 557 North W		300004488843:3 -07/23/0101011-012	
Suite, /	Apt.#.Etc. Suite 100		****300.00 ****	
City	Maitland &			State Zip Code

8. I, bein	g appointed the registered a	ent of the above named	corporation, am famil	ar with and accept the obli	gations of section 607.0505 o	r 617.0503, F.S.
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Signature of Registered Agent

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors Winter Park, Florida 32789 300 East New England Avenue TD R. A. Henry Winter Park, Florida 32789 300 East New England Avenue **DVPS** Robert L. Langford Winter Park, Florida 32789 Geraldine L. Langford-Liff 300 East New England Avenue DP

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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTORNEYS AT LAW

STEVEN H. KANE* JEFFREY M. KOLTUN** SUSAN VARKEY

*L.L.M. in Taxation Florida Board Certified in Wills, Estates and Trusts

**Also admitted in Ohio and Kentucky

KANE AND KOLTUN

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS 557 NORTH WYMORE ROAD **SUITE 100**

MAITLAND, FLORIDA 32751 E-Mail: lawoffices@kaneandkoltun.com

TELEPHONE (407) 661-1177

TELEFAX (407) 660-6031

May 10, 2001

Secretary of State Bureau of Corporate Records Corporations Division Post Office Box 6327 Tallahassee, Florida 32314

Re:

Robert E. Langford Corporation

Effective Date: Date of Filing

Dear Sir or Madam:

Cholosofes

In connection with the reinstatement of the above corporation, we have enclosed an Application for Reinstatement for Robert E. Langford Corporation, including the name and address of the Registered Agent.

As my assistant Kimberly discussed with your office, Robert E. Langford Corporation did not receive notice of the 2000 Annual Report/Uniform Business Report or the Annual Report/Uniform Business Report for the current year. Therefore, the Corporation was not able to file the Report for the year 2000, in a timely manner which resulted in the Administrative Dissolution of the Corporation. In that regard, we have enclosed a check in the amount of \$300.00 made payable to Department of State to cover the reinstatement fees for the Corporation.

Please contact me if you have any questions or need additional information.

Sincerely,

KANE AND KOLTUN

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ENCLOSURES

CC: MR. R.A. HENRY