

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:35

DOCUMENT # P97000052405

1. Corporation Name

THE LANEY COMPANY

Principal Place of Business

4163 OXFORD AVE
#1
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 72, ORTEGA STATION
JACKSONVILLE FL 32210



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3466115	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LANEY, ED	P.O. BOX 72, ORTEGA STATION	JACKSONVILLE FL 32210

700003496737--5
-12/12/00--01036--005
****150.00 ****150.00

11/13/00

8. Name and Address of Current Registered Agent

BEARDSLEY, DALE A
12 E BAY STREET
JACKSONVILLE FL 32202-3427

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-13-00

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-00
Date

4043896752
Daytime Phone #

2

The Laney Company
P.O. Box 72, Ortega Station
Jacksonville, FL 32210
904-389-6752

Florida Department of State
Division of Corporations
Annual Reporting/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

September 1, 2000

Subject : The Laney Company

Dear Sirs,

With reference to the "Administrative Dissolution" of the Laney Company, we have not received any documentation for this Corporation in the past few years.

We have been advised to submit a check for \$ 150 and hereby request that our Corporation be reinstated without penalty beyond this.

Please contact me to advise me of your decision in this matter.

Sincerely,


Ed Laney
President