

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000000209

1. Corporation Name

LAURA JO CORPORATION

Principal Place of Business

8800 NW 35TH PLACE
GAINESVILLE FL 32606

Mailing Address

8800 NW 35TH PLACE
GAINESVILLE FL 32606

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

2. New Principal Office Address, If Applicable

818 NW 30th AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

818 NW 30th AVE

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32609

Country

USA

Zip

32609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1997

5. FEI Number

59-3483683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KEDEM, LAURA JO	8800 NW 35TH PLACE 818 NW 30th AVE.	GAINESVILLE FL 32606 32609

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEDEM, LAURA JO
8800 NW 35TH PLACE
GAINESVILLE FL 32606

818 NW 30th AVE.
32609

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

REGISTERED AGENT MUST SIGN

Date

11/16/2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAURA JO KEDEM 11/16/2001

352-
332-
7040

Notes

11-16-2001

Please note my new mailing address.
Apparently, my mail had not been
forwarded promptly to my new
address.

Enclosed is the completed form
and balance due.

Thank you.

Sincerely,

Olga Kadane