

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 10 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000016306**

1. Corporation Name

Laura Ann Inc.

2. Principal Office Address

36. S. Magnolia Ave

Suite, Apt. #, etc.

3. Mailing Office Address

36. S. Magnolia Ave

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip Country

34471 Marion

City & State

Ocala Florida

Zip Country

34471 Marion

4. Date Incorporated or Qualified
To Do Business in Florida

2-2-98 1-26-98

5. FEI Number

59-3496252

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

Patrick McGurk

300003103938-0

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

2901 S.W. 41st

01/20/00-01027-0014

******908.75 ****908.75**

Suite, Apt. #, Etc.

Apt # 3110

City

Ocala FL 34474

State

FL

Zip Code

34474

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

[Signature]

Date **1/5/2000**

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
PTDM	Edward S. Harmer	320 Shepherd ave	Middlesex N.J. 08846
SDM	Richard G. Mann	3334 S.E. 12th St.	Ocala FL 34471
VD	Rebecca Mann	P.O. Box 404	Nichols NY 13812

REINSTATEMENT 99-00

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:

Edward S. Harmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000 + (352) 351-3473

Date

Daytime Phone #