

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
01 OCT 17 AM 11:14

DOCUMENT # P98000017875

1. Corporation Name

LANDRY'S WORK 'N PLAY, INC.

Principal Place of Business

Mailing Address

3481 PALM BCH BLVD.
FT. MYERS FL 33916

3481 PALM BCH BLVD.
FT. MYERS FL 33916



~~REINSTATEMENT~~

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

02/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0831184

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	LANDRY, BETTY L	3481 PALM BCH BLVD.	FT. MYERS FL 33916

500004658235--4
-10/30/01--01005--021
****150.00 ****150.00

[Signature] 10/23

8. Name and Address of Current Registered Agent

LANDRY, BETTY L
3481 PALM BCH BLVD.
FT. MYERS FL 33916

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]
REGISTERED AGENT MUST SIGN

Date

10/16/01

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)(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:

[Signature] President 10/16/01 941-334-1405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BETTY L LANDRY PRESIDENT

Date

Daytime Phone #

CR2040 (8-01)



LANDRY'S WORK 'N PLAY, INC.

3481 Palm Beach Blvd.

Ft. Myers, FL 33916

Ph. (941) 334-1405

Fax (941) 334-9284

Toll-Free 888-664-8451

"We Work...
You Play"

October 16, 2001

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, Fl. 32399

In regards to the notice I received concerning the filing of 2001 Corporation annual report for Landry's Work 'N Play, Inc I regret that I received no original request. I would normally take any paper work to my C.P.A. for proper handling but they received nothing on this either. So I'm signing the enclosed application as my annual report and sending overnight along with a check for \$150.00.

Thank you,

Betty L. Landry, Pres.