

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -1 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 000000916

1. Corporation Name
LANGLEY INVESTMENT ADVISORY GROUP, INC.

2. Principal Office Address
700 Almond Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clermont, FL

City & State

Zip 34711 **Country** USA

Zip **Country**

REINSTATEMENT

01-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 1/1/99

5. FEI Number
59 3550310

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
RICHARD H. LANGLEY, SR.

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

Suite, Apt. #, Etc.

City
Clermont

State FL **Zip Code** 34711

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**
REGISTERED AGENT MUST SIGN

Date 03/28/05

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
D	Richard H. Langley, Jr.	9255 Sunset Blvd., Ste 805	Los Angeles, CA 90069

300050750073
04/14/05--01015--014 **1350.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard H. Langley, Jr. **Date** 3/28/05 **Daytime Phone #** 323-656-8074