


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000005166

1. Corporation Name

LALONDE CONTRACTING, INC.

Principal Place of Business

Mailing Address

310 GULFSTREAM DRIVE
DELRAY BEACH FL 33444

310 GULFSTREAM DRIVE
DELRAY BEACH FL 33444

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1999

5. FEI Number

65-0897347

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	LALONDE, MARK D	310 GULFSTREAM DRIVE	DELRAY BEACH FL 33444
D	LALONDE, CAROLINE E	310 GULFSTREAM DRIVE	DELRAY BEACH FL 33444

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LALONDE, MARK D
310 GULFSTREAM DRIVE
DELRAY BEACH FL 33444

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 10-16-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-00 561-278-0658

Daytime Phone #

CR2E040 (8/00)

LaLonde Contracting, Inc.

Mark and Carolyn LaLonde
310 Gulfstream Drive
Delray Beach, FL 33444
Doc # P99000005166
Fei # 65-0897347

October 16, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

We just received an application for reinstatement in the mail on October 14, 2000. Our home-based company was just incorporated on January 14, 1999. We have never received anything in the mail concerning the issue of maintaining our corporate status, until this notice arrived. We are very unfamiliar, being a new corporation, with obtaining your applications. We were informed that one would be sent to us through the mail at the appropriate time, by the Dept. of Corporations.

I did speak with someone at your office, she did ask me to send a letter explaining our situation with the application I had received, and \$150.00 fee.

We were startled, and upset about this confusion. I hope we can rectify this matter as soon as possible. We would appreciate it if you could send us an application for renewal for the following year 2001, so there will be no confusion in the future.

Respectfully,



LaLonde Contracting, Inc.

Mark LaLonde, President

Carolyn LaLonde, Vice-President