

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000005166

1. Corporation Name

LALONDE CONTRACTING, INC.

Principal Place of Business

310 GULFSTREAM DRIVE  
DELRAY BEACH FL 33444

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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

200010165652  
01/16/03--01068--009 \*\*300.00

8. Name and Address of Current Registered Agent

LALONDE, MARK D  
310 GULFSTREAM DRIVE  
DELRAY BEACH FL 33444

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-14-03

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 REQUIRED  
Carolyn Lalonde  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03 561-278-0658

CR2E040 (8/02)

LaLonde Contracting  
310 Gulfstream Dr.  
Delray Beach, FL 33444

January 14, 2003

To Whom it May Concern,

I am writing this letter to ask if you could waive your after May 1<sup>st</sup>. fee for our Corporation renewal. I have taken over all the bookkeeping work for our Corporation. I lost my father this year and have been in another state for long periods of time and my work has been delayed. I am very sorry for this inconvenience to you. I was unaware that this was a bill needed to be paid yearly, I was under the understanding it was paid once when we started our Corporation. I would appreciate it if you could waive this \$550.00 fee for us this year and I have now noted this in my records and it would not be overlooked again.

I have enclosed 2002 and 2003 Fee in with this letter so we will be up to date with you.

Respectfully,

Carolyn LaLonde  
LaLonde Contracting