

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 26 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008698

1. Corporation Name

LESSARD & COMPANY, INC.

2. Principal Office Address

2206 Mercer Avenue

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

2206 Mercer Avenue

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **01/25/1999**

5. FEI Number

65-0895942

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

MARIO G. de MENDOZA, III

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

12765 Forest Hill Boulevard

Suite, Apt. #, Etc.

Suite 1302

City

Wellington

State

FL

Zip Code

33414

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 **11/5/02**

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/P/S/T	Carl A. Lessard	2206 Mercer Avenue	West Palm Beach, FL 33401
VP/AS	Mario G. de Mendoza, III	12765 Forest Hill Blvd, #1302	Wellington, FL 33414

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

Date

11/22/02

(561) 655-2598

Daytime Phone #

CR2E081 (9/01)