

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026999

1. Corporation Name

LANG SERVICES, INC.

2. Principal Office Address

764 JORDON CT

Suite, Apt. #, etc.

3. Mailing Office Address

764 JORDON CT.

Suite, Apt. #, etc.

City & State

OVIDO, FL

City & State

OVIDO, FL

Zip

32765

Country

Zip

32765

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-24-99

5. FEI Number

52-2147451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07

7. Name and Address of Current Registered Agent

Name

DARYL J. LANG

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

764 JORDON CT.

Suite, Apt. #, Etc.

City

OVIDO

State

FL

Zip Code

32765

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-31-03

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
P	DARYL J. LANG	764 JORDON CT.	OVIDO, FL 32765

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-03

Date

407-230-0907

Daytime Phone #

LANG SERVICES, INC.
764 Jordon Ct.
Oviedo, FL. 32765
(888) 499-4309 (407) 230-0907
**INDUSTRIAL AND COMMERCIAL
ROOF COATINGS AND REPAIRS**

October 31, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

It was brought to our attention by an insurance agent assisting us in obtaining insurance coverage that an inquiry done on our corporation showed an inactive status. I logged onto your website and saw that our mailing address was different from our principal office address.

I checked our records and it does not appear that we received the annual report filing in the mail. I was instructed to fill out the Corporation reinstatement and include a check for \$150.00.

I hope this letter in addition to the filing will satisfy our requirement. If you have any questions, feel free to contact Beth Lang at 407-359-8628.

Thank you in advance for your assistance.

Respectfully,



Daryl J. Lang
President