

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 16 PM 4:02

DOCUMENT #

P99000045119

1. Corporation Name

LASER GRADING INC

2. Principal Office Address

26616 BOWTA GRANDE DR

Suite, Apt. #, etc.

3. Mailing Office Address

Box 367012

Suite, Apt. #, etc.

City & State

BOWTA SPRINGS FL

Zip

34135

Country

LEE

City & State

BOWTA SPRINGS, FL

Zip

34136

Country

LEE

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5-15-99

5. FEI Number

59-3576989

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

DIXON VICE

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

4835 BOWTA BEACH RD unit 308

Suite, Apt. #, Etc.

308

100004035201-4

-04/20/01--01057-016

****300.00 ****300.00

City

BOWTA SPRINGS

State

FL

Zip Code

34134

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

Dixon A Vice

REGISTERED AGENT MUST SIGN

Date

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
PRES SEC	DIXON VICE	4835 BOWTA BEACH RD #308	BOWTA SPRINGS, FL 34134
V.P. TRES	JACOB JANICKI	8525 DAWBURY BLVD #202	NAPLES, FL. 34120

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:

Dixon A Vice DIXON A VICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

941-949-3000

Daytime Phone #

CR2E081 (9/00)