

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 19 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074242

1. Corporation Name

LANGFORD MARKETING, INC.

Principal Place of Business

10202 LOCKWOOD PINES LANE
TAMPA FL 33635

Mailing Address

10202 LOCKWOOD PINES LANE
TAMPA FL 33635

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

08/16/1999

5. FEI Number

59-3597203

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
DPTS	LANGFORD, JENNIFER MARIE	10202 LOCKWOOD PINES LANE	TAMPA FL 33635
D	CROSS, JAMES MICHAEL	18 KIMBERWICK COURT	MIDDLEBURY CT 06762
			100004686261--0 -11/16/01--01105--033 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

LANGFORD, JENNIFER
10202 LOCKWOOD PINES LANE
TAMPA FL 33635

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/13/01

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:

Jennifer Langford
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/01 (813) 8543718

Langford Marketing Inc.
10202 Lockwood Pkwy S.W.
Tampa FL 33635 (813) 854-3718

2052

Florida Dept. of State
Division of Corporations

10/13/01

To whom it may concern,

I'm writing this letter to inform you
that previous notices of the uniform business
report for 2001 was not received.

I'm enclosing a check for \$150.00 as per
my discussion with your office.

Sincerely,
Jennifer Langford