PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CC	DRP	OF	<b>PAT</b>	ION	ı
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## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name

LASIMEX ( 2000, INC.

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

**800010134758** 01/15/03--01069--031 \*\*758,75

2. Principal Office Address 3. Mailing Office Address 3912 E Columbus Dr 3912 E Columbus Dr Suite, Apt. #, etc. Suite, Apt. #, etc. Tampa, City & State City & State Tampa, FL Tampa, FL Country USA Zip Country 33605 Hillsborough 33605 USA 7. Name and Address of Current Registered Agent

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida 9/16/1999 Applied For

**5.** FEI Number 59-3607900

Not Applicable

CERTIFICATE OF STATUS DESIRED X

\$8.75 Additional Fee required for a Certificate of Status

PARDIEU, Marie Ange

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

4303 FAWN CIRCLE

Suite, Apt. #, Etc.

Yampa, FL

State Zip Code 33610

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

Date 12-30-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 director)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	PARDIEU, François	4303 Fawn Circle	Tampa, F1 33610
CEO	DANIEL, Gary S.	708 Kingswood Lp	Brandon, F1 33511
S	PARDIEU, Marie Ange	4303 Fawn Circle	Tampa, F1, 33610

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.

SIGNING OFFICER OR DIRECTOR

Daytime Phone #