

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 NOV -5 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S48055

1. Corporation Name

Lagos & Associates, Inc.

2. Principal Office Address - No P.O. Box #

6012 N Orange Blossom Avenue

3. Mailing Office Address

608 West Horatio Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33604

Country

Hillsborough

Zip

33606

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/1991

5. FEI Number

59-3100966

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

William C. Hirsch

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

608 West Horatio Street

Suite, Apt. #, Etc.

Suite A

City

Tampa, Florida

State

FL

Zip Code

33606

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William C. Hirsch

Date

10/5/07

REGISTERED AGENT MUST SIGN

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
PRESIDENT	Nicholas F Lagos	6012 N Orange Blossom Ave	Tampa, Florida 33604

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 contained in Chapter 119, 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:

Nicholas F Lagos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas F Lagos

Date

813-259-9114

10/3/2007

Daytime Phone #

T. Roberts NOV - 6 2007