

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED:

01 MAY -8 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 14251

1. Corporation Name

LPS AND COMPANY, INC.

2. Principal Office Address
1551 Sandspur Road

3. Mailing Office Address
1551 Sandspur Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Maitland, Florida

City & State
Maitland, Florida

Zip Country
32767 USA

Zip Country
32751 USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/12/92

SP

5. FEI Number 59-113705 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
Louis P. Shassian

Street Address (P.O. Box Number is Not Acceptable)
6214 Donegal Dr.

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32819

000004217410-2
05/15/01-01082-010
***1350.00 ***1350.00

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

REGISTERED AGENT MUST SIGN

Date 4/30/01

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 |
|--------|--------------------------------------|---|--------------------|
| D | Louis P. Shassian | 6214 Donegal Dr. | Orlando, FL 32819 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

Daytime Phone #