

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV -1 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V17127**

1. Corporation Name

THE LANGHORNE COMPANY

Principal Place of Business

PO BOX 330159
COCONUT GROVE FL 33233
US

Mailing Address

PO BOX 330159
COCONUT GROVE FL 33233
US

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

02/27/1992

5. FEI Number

65-0308901

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LANGHORNE, RICHARD M.	PO BOX 330159 N/A	COCONUT GROVE FL

400008753574
11/01/02--01034--002 **158.75

8. Name and Address of Current Registered Agent

BLUME, WILLIAM M.
200 SOUTH BISCAYNE BOULEVARD
SUITE 3900
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Richard M. Langhorne

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

848 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 630

City

MIAMI

State

FL

Zip Code

33131

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10.28.02**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305
1028.02 **536.1000**

The Langhorne Company

October 28, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

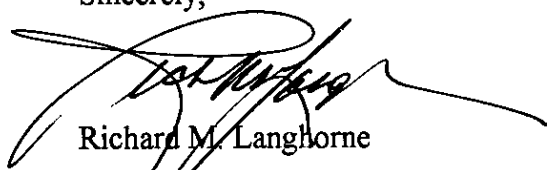
RE: The Langhorne Company / 2002 Uniform Business Report

To Whom It May Concern:

Enclosed please find the Application for Reinstatement form together with check number 9704 as payment for reinstatement. The Langhorne Company did not file the 2002 Uniform Business Report prior to this date because we did not receive the original notice for filing or the subsequent second notice.

Thank you for your assistance in this matter.

Sincerely,



Richard M. Langhorne

RML:cw

Enclosures