2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT				FIF
DOCUMENT # P06000083444 1. Entity Name LABIAK ASSOCIATES, INC.				
				2007 OCT 25 PM 2: 27
Principal Place of Business 5337 N. SOCRUM LOOP RD LAKELAND, FL 33809 US		Mailing Address 5392 BLOOMFIELD BLVI LAKELAND, FL 33810	D. US	SECRETARY OF STATE TALLAHASSEE.FLORIDA
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2101 WALES COURT Suite, Apt. #, etc.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10232007 REIN-P CR2E098 (1/07)
City & State		City & State LAKELALD, FL		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip 33810	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent	Name	7. Name and Address of New Registered Agent
LABIAK, R	ICHARD		Name	
5392 BLOOMFIELD BLVD. LAKELAND, FL 33810			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered age	of and title of continuous (MATE)	Registered Agent signature req	uired when reinstating) DATE
	Signature, typed or printed harre or registered age	K APC DUE II SEPARADIS, (NOTE.	Registered Agent signature rad	DATE
	LE NOW!!! FEE IS \$150.00 nuary 1, 2008, Fee will be \$300	.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AN		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	P D LABIAK, RICHARD	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	5392 BLOOMFIELD BLVD. LAKELAND, FL 33810		STREET ADDRESS CITY-S1-ZIP	100111360991 10/25/0701047015 **150.00
TITLE NAME	VP LABIAK, GAIL	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	5392 BLOOMFIELD BLVD. LAKELAND, FL 33810		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-SI-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	d on this report or supplemental repor reporation or the receiver or bustee en t, or on an attachment with an address	ith this filing does not qualify for t is true and accurate and that m powered to execute this report as, with all other like empowered.	the committee and his	ed in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if O-23-07

10/26 GD