

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


10 FEB -8 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500167215115
01/26/10--01024--010 **300.00

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000083444

1. Corporation Name

Labiak Associates, Inc

W1-3911

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

2101 Wales Court

Suite, Apt. #, etc.

3. Mailing Office Address

2101 Wales Court

Suite, Apt. #, etc.

City & State

Lakeland

City & State

Lakeland

Zip

33810

Country

US

Zip

33810

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/2006

5. FEI Number

20-5077990

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

Richard Labiak

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

2101 Wales Court

Suite, Apt #, Etc

City

Lakeland

State

FL

Zip Code

33810

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.

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02/08/10--01068--004 **150.00

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

Richard Labiak
REGISTERED AGENT MUST SIGN

Date Jan. 22, 2010

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
PD	Richard Labiak	2101 Wales Court	Lakeland, FL 33810
			08-10
REINSTATEMENT			
M. MILLIGAN EXAMINER			
FEB - 9 2010			

10. E-mail Address: store3307@theupsstore.com

(To be used for future annual report notification)

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. I further certify 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:

Richard Labiak

Richard Labiak

Jan. 22, 2010

863-838-5764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #