				ALL INICT	DUCTIO	NC BEEODI	E COME	ыет	ING THIS FO			
APPL F REINST	ICATI FOR	ON		FLORID	A DEPART Sandra B. Secretary	MENT OF STA Mortham of State		LEI	FILE			
DOCUMENT # 421709								98 NOV 19 PM 4: 20				
1. Corporation Name LAUDERMAN, REGALADO ARCHITECTS, INC.								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place	of Busines	ıs		Mailing Addre	ess							
4227 W 16TH AVE HIALEAH FL 33012 US				6241 NW 110TH ST HIALEAH FL 33012					ATEMEN		98	
If above addre 2. New Principa				ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			4. Dat	e Incorp	orated or Qualified	¥	13	
Suite, Apt. #, etc.				Suite, Apt. #,	etc.		To Do Business in Florida 03/22/1973					
City & State				City & State	<u>.</u>	es and a		59-1470414 Not Applied			Applied For Not Applicable	
Zip Country			Zīp Co		ountry	6.	\$6,75 Additional		ditional Fee require ertificate of Status			
7. Names and	Street Add		and the same of th	or Director (Flo	rida nonprofit co	orporations must list a		ctors)				
Title(s) 2	Name of Officers and/or Directors 2 3 (Do NOT					Street Address of E Officer and/or Dire T Use Post Office Bo	ector	ctor City / State / Zip				
D 🝕 REGALADO, IRVING R.					6241 N W 1	10 STREET	rreet			HIALEAH, FL 00000		
								31	000026 -11/30/9 ****750	9791 8011 .00 **	 S006 ***750.00	
	8. Name	and Addr	ess of Current R	egistered Age	nt		9. Nan	ne and A	Address of New Regis	tered Agent		
REGALADO, IRVING R. 6241 NW 110 ST HIALEAH FL 33012							Street Address (P.Ö. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
10. I, being app Signature of Registered Ager	(registered	(Vale)	WRE		iar with and accept the		of Section	on 607.0505, F.S.	<u>FL</u>		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.									No (See other side for information on intangible tax.)			
this reinstate owed by the	ment appl corporatio	cation, the n have bee	reason for dissol n paid and the na	ution has been ames of individu	eliminated, the uals listed on th	corporate name satis	fles the require for an exemp	rements	pter 607 or 617, F.S. I f of section 607.0401 or ler section 119.07(3)(i),	617.0401, F.	S., that all fees	

SIGNATURE: SIGNATURE AND WHED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR