

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000029862

1. Corporation Name
LAURA PAUL CORP.

2. Principal Office Address
935 41 Street

Suite, Apt. #, etc.

City & State
Miami Beach

Zip Country
33140 Miami-Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 03/19/02

5. FEI Number 81-0552127 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
Maria L. Paul

Street Address (P.O. Box Number is Not Acceptable)
935 41 Street

Suite, Apt. #, Etc.

City
Miami Beach

State Zip Code
FL 33140

900025777253
12/26/03--01078--011 ** 50.00

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 12/22/03

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	PAUL, MARIA L.	935 41 Street	Miami Beach, Fl 33140

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: President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03
305- 305-674-9744

Date Daytime Phone #

CR2E081 (10/02)

LAURA PAUL CORP.
935 41th Street
Miami Beach, Fl 33140

November 3, 2003

Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sirs:

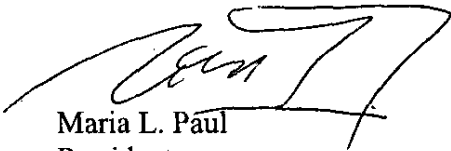
Re: Docm. #P02000029862

Due to this corporation changed its address, we did not receive the Uniform Business Report for the year 2003. It is for the reason we did not make the payments for this year.

We kindly ask that you accept the attach check in the amount of \$150.00, since this payment was not voluntarily made late.

We express our gratitude in advance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maria L. Paul', written over a horizontal line.

Maria L. Paul
President