

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000108457**

1. Corporation Name

LA TE DA REDUX, INC.

Principal Place of Business 1125 DUVAL STREET KEY WEST FL 33040	Mailing Address 1125 DUVAL STREET KEY WEST FL 33040
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REINSTATEMENT 05

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0861832	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
FD	GORMAN, MARVIN	1301 FLAGLER AVE	KEY WEST FL 33040
VD	GORMAN, LURA	1301 FLAGLER AVE	KEY WEST FL 33040
STD PVS/TP	BARAUK, MARK BARAUK	1125 DUVAL STREET	KEY WEST FL 33040
			800024337638
			10/31/03--01080--013 **150.00

8. Name and Address of Current Registered Agent

GORMAN, LURA
1301 FLAGLER STREET
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name **Alan Eckstein**
Street Address (P.O. Box Number is Not Acceptable)
3010 Flagler Avenue
Suite, Apt. #, Etc.
City **Key West** State **FL** Zip Code **33040**

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

Date **10-21-03**

REGISTERED AGENT MUST SIGN

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

10/28/03
Date

Daytime Phone #

CR2E040 (7/03)

**LA TE DA REDUX, INC.
1125 DUVAL STREET
KEY WEST, FLORIDA 33040**

October 28, 2003

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

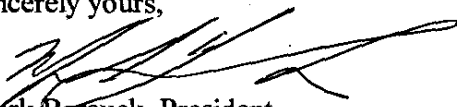
RE: LA TE DA REDUX, INC.

Dear Sir/Madame:

Please be advised that the above-reference corporation did not receive the initial notice for annual report/uniform business report or second notice for annual report/uniform business report which were sent out by your office. As such, I am requesting that the reinstatement fee be waived at this time. I am enclosing the application for reinstatement and a check for \$150.00 in order for your office to reinstate this corporation to active status.

Thank you for your cooperation.

Sincerely yours,


Mark Barauck, President
La Te Da Redux, Inc.