

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 23 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M20168

1. Corporation Name

LAFISE CORP.

000009677860  
12/24/02--01064--004 \*\*150.00

2. Principal Office Address

701 BRICKELL AVENUE

3. Mailing Office Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.

1460

Suite, Apt. #, etc.

1460

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

US

Zip

33131

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/2/87

5. FEI Number

65-0086249

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

ROBERTO ZAMORA

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

701 BRICKELL AVENUE

Suite, Apt. #, Etc.

1460

City

MIAMI

State

FL

Zip Code

33131

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

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	ROBERTO ZAMORA	701 BRICKELL AVE, SUITE 1460	MIAMI, FLORIDA 33131
SD	MARIA J.T. DE ZAMORA	701 BRICKELL AVE, SUITE 1460	MIAMI, FLORIDA 33131
D	ENRIQUE ZAMORA	701 BRICKELL AVE, SUITE 1460	MIAMI, FLORIDA 33131

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIC 20-02

305-374-6001

CR2E081 (9/01)



December 20, 2002

Division of Corporations  
Uniform Business Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

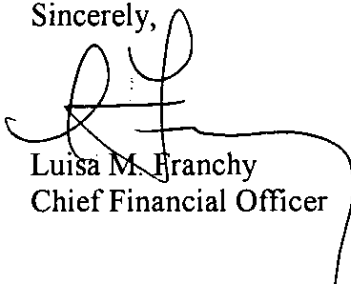
To Whom It May Concern:

Enclosed is the Reinstatement Form for Lafise Corp. for the 2002 Uniform Business Report.

We respectfully request the abatement of the reinstatement fee as we never received any of the original or subsequent notice. We have always complied with the filing requirements in the past and will do so in the future.

Thank you for your consideration in this matter.

Sincerely,



Luisa M. Franchy  
Chief Financial Officer