


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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2008 JAN 17 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003183

1. Corporation Name

LAS USA, Inc.

2. Principal Office Address 1835 E. Hallandale Beach	3. Mailing Office Address 1835 E. Hallandale Beach
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Suite, Apt. #, etc.
PMB 326

Suite, Apt. #, etc.
PMB 326

City & State
Hallandale, FL

City & State
Hallandale, FL

Zip
33009

Country
USA

Zip
33009

Country
USA

REINSTATEMENT 04-08

4. Date Incorporated or Qualified
To Do Business in Florida 6/15/2001

5. FEI Number
52-2322777

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

500117555145
02/08/08--01005--014 **1051.00

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date 1/14/2008

REGISTERED AGENT MUST SIGN

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
DPT	Cinzia Pedicone	1835 E. Hallandale Beach	Hallandale, FL 33009
S	John H. Vogel	2550 M Street, N.W.	Washington, DC 20037
			500117555145 02/08/08--01005--015 **300.00

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 contained in Chapter 119, 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

1-18-2008

Date

Daytime Phone #