

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
LAS USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F01000003183

1. Corporation Name

LAS USA, Inc.

2. Principal Office Address - No P.O. Box # 1835 E. Hallandale Beach		3. Mailing Office Address 1835 E. Hallandale Beach	
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

09-11

CR25081 (11/10)

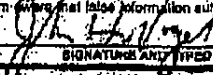
4. Date Incorporated or Qualified To Do Business in Florida 6/15/2001
5. FEI Number 52-2322777
6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Application Fee required for a Certificate of Status

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.		
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 607.0605 or 617.0603, F.S.		
Signature of Registered Agent 	William Lawler Vice President and Assistant Secretary	Date 4/28/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	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 Vogel	2550 M Street, N.W.	Washington, DC 20037

10. E-mail Address: jvogel@pattonboggs.com

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.		
SIGNATURE: 	John H. Vogel	Date 4/28/2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

202-457-6460