

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam  
DIVISION OF CORPORATIONS

FILED

NOV 27 PM 12:41

OFFICE OF THE  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F25289

1. Corporation Name

L.A.D. VENTURES, INC.

Principal Place of Business

2648 NE 189 Terrace  
19105 BISCAYNE BLVD.  
NORTH MIAMI BEACH FL 33180

Mailing Address

2648 NE 189 Terrace  
19105 BISCAYNE BLVD.  
NORTH MIAMI BEACH FL 33180

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

2. New Principal Office Address, If Applicable

2648 NE 189 Terrace  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2648 NE 189 Terrace  
Suite, Apt. #, etc.

City & State

North Miami, Florida  
Zip 33180 Country Dade

City & State

North Miami, Florida  
Zip 33180 Country Dade

REINSTATEMENT

96-99

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/1981

5. FEI Number

59-2090535

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WOLF, DREW A.	19105 BISCAYNE BLVD. 2648 NE 189 Terrace	NORTH MIAMI BEACH FL
VPS	WOLF, GRETCHEN	19105 BISCAYNE BLVD. 2648 NE 189 Terrace	NORTH MIAMI BEACH FL

8. Name and Address of Current Registered Agent

WOLF, DREW A  
19105 BISCAYNE BLVD.  
NORTH MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

Name Drew Wolf  
Street Address (P.O. Box Number is Not Acceptable)  
2648 NE 189 Terrace  
Suite, Apt. #, Etc.  
City North Miami

State FL Zip Code 33180

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/20/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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, in executing 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 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

12/20/98

305-931-2886

CR2E040 (7/96)