

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004899

1. Corporation Name

LAS ANTIGUAS INC.

Principal Place of Business

Mailing Address

4039 SHELL RD
SARASOTA FL 34242

4039 SHELL RD
SARASOTA FL 34242



99-00

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

2. New Principal Office Address, If Applicable

1525 4th Street

Suite, Apt. #, etc.

Unit 3

City & State

Sarasota, FL

Zip
34236

Country
U.S.A

3. New Mailing Office Address, If Applicable

1525 4th Street

Suite, Apt. #, etc.

Unit 3

City & State

Sarasota, FL

Zip
34236

Country
U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1998

5. FEI Number

59-3519318

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	4 City / State / Zip
P	TRAN, MONIKA T	4039 SHELL RD	SARASOTA FL 34242

7000003168427--0
-03/14/00--01044--003
*****300.00 *****300.00

99-00 AR TS

8. Name and Address of Current Registered Agent

TRAN, MONIKA T
4039 SHELL RD
SARASOTA FL 34242

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Monika T. Tran

REGISTERED AGENT MUST SIGN

Date 2/1/00

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:

Monika T. Tran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 (au) 349-3200
Date Daytime Phone #

CR2E040 (8/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 14, 2000

LAS ANTIGUAS INC.
1525 4TH STREET
UNIT 3
SARASOTA, FL 34236

SUBJECT: LAS ANTIGUAS INC.
Ref. Number: F98000004899

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We have received your document for LAS ANTIGUAS INC. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a 2000 corporate annual report form/uniform business report, we must collect the fee(s) due for the 2000 calendar year. Therefore, the total amount due to reinstate the corporation and bring the corporation current through December 31, 2000, is \$900.00.

Please include an additional \$8.75 for each certificate of status requested.

The annual report/uniform business report/reinstatement application must be signed by an officer or director of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Leslie Sellers
Document Specialist

Letter Number: 400A00007610

2/23/00

Dear, Florida Department of State

I have been in business for almost three years now. I have a Certificate of Registration for resale. My Company and I have relocate to a new location. I have not receive any notices and forgot to renew for year 2000. I spoke to Customer Care and explained the situation, I was told to write a brief letter explaining what had happen. I hope Florida Department of State will help me wipe off the fee. I have in closed a check for \$300.00 to renew. Please help. Thanking you in advance

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314