

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED *pg 1 of 2*

1996 OCT 28 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
ANDRA B. ROBERTS
S. STATE
DIVISION OF CORPORATIONS

DOCUMENT # **G19430**

1. Corporation Name
LAREKIM, INC.

Principal Place of Business
**4110 N.E. 183RD ST.
869
NORTH MIAMI BEACH FL 33162-
US**

Mailing Address
**P.O. BOX 7295
HOLLYWOOD FL 33081
US**

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

2. New Principal Office Address, If Applicable
**20535 N.W. 2nd. Avenue
Suite, Apt. #, etc.
Suite 205
City & State
Miami, Florida
Zip
33169**

Country
USA

3. New Mailing Office Address, If Applicable
**Suite, Apt. #, etc.
P.O. BOX 7295
City & State
Hollywood, Florida
Zip
33081**

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
01/14/1983

5. FEI Number
59-2272409

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
PDV	GRATENSTEIN, GERALD	811 SE 7 AVENUE	POMPANO BEACH FL
ST	GRATENSTEIN, GERALD	811 SE 7 AVENUE	POMPANO BEACH FL

000001994120-9
11/02/96-01002-000
****225.00 ****225.00

Handwritten signature

8. Name and Address of Current Registered Agent
**BORNSTEIN, STEVEN L. (R,R,K & B, P.A.)
9900 STIRLING ROAD, SUITE 233
COOPER CITY FL 33024**

9. Name and Address of New Registered Agent
Name
700001995347-3
Street Address (P.O. Box Number is Not Accepted)
**11/02/96-01046-008
****225.00 ****225.00**
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
REGISTERED AGENT MUST SIGN
Date **10/11/96**

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 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: *Handwritten signature of Gerald A. Gratenstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gerald A. Gratenstein President
Date **10/11/96** Daytime Phone # **305 652-2272**

CR20040 (7/96)

pg 2 of 2

LAREKIM INC.

P.O. BOX 7295
HOLLYWOOD, FL 33081
(305) 652-2272

October 11, 1996

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Andy Dunlap
Ref.: File #G19430


Dear Andy;

As per our conversation of September 25, 1996, please find enclosed our check in the amount of, Two Hundred Twenty Five Dollars and No Cents, (\$225.00), along with a copy of the mis-addressed Notice of Administrative Dissolution or Revocation, which was forwarded to our, Registered Agent by the owner/occupant of Box 7259.

Why the original notice was not forwarded to us, I have no idea. Please advise the proper person(s) of our correct Post Office Box, as listed above.

Thank you for your concern, and consideration in this matter.

For the firm,



Gerald C. Gratenstein,
President

GCG/kfl

pc: file