

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 MAR 25 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **619830 G19830**

1. Corporation Name

LAGO NECKWEAR INC

2. Principal Office Address

2655 NW 20TH ST

Suite, Apt. #, etc.

1A

City & State

MIAMI FL

Zip

33142

Country

USA

3. Mailing Office Address

450 SOUTHSHORE DR

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

Zip

33141

Country

USA

REINSTATEMENT 02-03

000014680240

03/25/03--01041--013 **900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2366933

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

JUAN A. MERAYO

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

3166 NW 19TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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

Juan A. Merayo

REGISTERED AGENT MUST SIGN

Date

3-19-03

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
DP	JUAN MERAYO	3166 NW 19TH ST	MIAMI FL 33125
STD	MARTHA LAGO - DELGADO	450 SOUTHSHORE DR	M-BEACH FL 33141

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 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:

JUAN A. MERAYO

Date

Daytime Phone #