

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 AUG 25 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

DOCUMENT # **930527**

1. Corporation Name

**L.A.W. DEVELOPMENT, CORP.**

2. Principal Office Address

**13750 Biscayne Blvd.**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**NORTH MIAMI BEACH, FL**

City & State

Zip

**33181**

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**March 25, 1983**

5. FEI Number

**59-2271266**

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

**HOWARD FRIEDMAN**

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

**11420 Wayne Dr.**

Suite, Apt. #, Etc.

City

**COOPER CITY, FLORIDA**

State

**FL**

Zip Code

**33024**

**100003378031--2**

**-08/30/00--01071--000**

**\*\*\*900.00 \*\*\*900.00**

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

*Howard Friedman*  
REGISTERED AGENT MUST SIGN

Date

**8/16/00**

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
Pres.	LARRY WEISER.	300 Three Islands Blvd. Apt. #305	HALLANDALE, FL 33009
Sec/Treas.	CLAUDETTE WEISER	455 Golden Isles Dr. Apt. #103	HALLANDALE, FL 33009

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:

*Clauette Weiser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/16/2000**

Daytime Phone #

**305 9445277**

**KE**

CR2E081 (9/99)