

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 10 PH 1:06

CORPORATION
REINSTATEMENT



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

DOCUMENT # G 74538

1. Corporation Name

LARA, INC.

500004554785--3
-08/24/01--01035--012
*****8.75 *****8.75

500004554785--3
-08/24/01--01035--013
***1500.00 ***1500.00

2. Principal Office Address

200 S. Biscayne Blvd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

2410

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33131

Country

Zip

Country

REINSTATEMENT 9/6-01

4. Date Incorporated or Qualified To Do Business in Florida

10/27/83 SP

5. FEI Number

59-2347140

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

MARK BISBING

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

200 SOUTH BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE 2410

City

MIAMI

State

FL

Zip Code

33131

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

Mark Bisbing

Date

8-8-1

REGISTERED AGENT MUST SIGN

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
P, S, D	MARK BISBING	200 S. Biscayne # 2410	Miami FL 33131
TD	John H. SCHULTE	200 S. Biscayne # 2410	Miami FL 33131
		1350.00 - Adm	
		61.25 - AR	
		88.75 - ARSUPP	

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)(f), 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:

Mark Bisbing

MARK BISBING

8-8-1

305 377-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (8/00)