

PLEASE READ ALL INSTRUCTIONS BEFORE

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
Feb 01 1999 8:00 am
Secretary of State

DOCUMENT #

H81191

1. Corporation Name

LAZARO GUERRA, INC.

Principal Place of Business

**1800 SW 27th Avenue
No. 400
Miami, Fl 33145**

Mailing Address

**1800 SW 27th Ave
No. 400
Miami, Fl 33145**

700002754017-9
-02/03/99-01083-022-9
****900.00 ****980.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/14/1985

5. FEI Number

59-26-11494

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	LAZARO GUERRA	1800 SW 27th Ave.#400	Miami, Fl. 33145

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

LAZARO GUERRA

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

1800 SW 27th Avenue

Suite, Apt. #, Etc.

400

City

Miami

State

FL

Zip Code

33145

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

1/28/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAZARO GUERRA **1/28/99** **(305) 856-7411**

Date

Daytime Phone #

CR2E(01) (1/2/98)