

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K56343**

1. Corporation Name

Lansberg Arellano, Inc (LAI)

2. Principal Office Address - No P.O. Box #

13600 SW 96 ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

U.S.

3. Mailing Office Address

13600 SW 96 ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

U.S.

7. Name and Address of Current Registered Agent

Name

NARCISO ARELLANO

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

13600 SW 96 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/16/08

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
PD	NARCISO ARELLANO	13600 SW 96 ST	MIAMI, FL 33186
VP	Ligia B. ARELLANO	13600 SW 96 ST	MIAMI, FL 33186
DAS	Ligia M. GUERRA	310 CRAWWOOD DRIVE	Key Biscayne FL 33149
AS	GERALDINO ARELLANO	13600 SW 96 ST	MIAMI, FL 33186
AS	NARCIS YRIGORYEN	11950 SW 137 TR	MIAMI, FL 33186
AS	KARLA RODRIGUEZ	14501 SW 138 CT	MIAMI, FL 33186

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 contained in Chapter 119, 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

[Signature]
Ligia B. Arellano

Date

9/16/08

Daytime Phone #

(305) 218 0747

FILED

2008 SEP 19 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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500136160525
09/19/08--01047--002 **2700.00

REINSTATEMENT

95-08

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1988

5. FEI Number

650093010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.