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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000008306

Name and Mailing Address

0007308 01 AT 0.292 \*\*AUTO TB 0 0615 33173-280070

LACAS LLC

10570 SW 56TH TERRACE  
MIAMI FL 33173-2800

MAJH



10/29 2003

2. New Mailing Address 10570 SW 56 Terrace		4. State/Country of Formation FL	
City, State, Zip Miami FL 33173		5. Date Organized or Qualified To Do Business in Florida 04/05/2002	
Principal Place of Business 10570 SW 56TH TERRACE MIAMI FL 33173	3. New Principal Place of Business Address 10570 SW 56 TCR. City, State, Zip Miami, FL 33173		6. FEI Number 01-0670746 Applied For Not Applicable
8. Name and Address of Current Registered Agent CASANOVA, LAZARA 11535 SW 185TH STREET MIAMI FL 33157		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Daniel Casanova Street Address (P.O. Box Number is Not Acceptable) 10570 SW 56 Terrace City miami FL Zip Code 33173	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>SIGNATURE REQUIRED</u> Date 10/21/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DUPREY, LAWRENCE A	11535 SW 185TH STREET	MIAMI FL 33157
MGRM	CASANOVA, DANIEL	11535 SW 185TH STREET	MIAMI FL 33157
600024252826 10/29/03--01052--010 **155.00			
REINSTATEMENT 2003			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u>SIGNATURE REQUIRED</u>		Date 10/21/03 Daytime Phone # 786-486-8633	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)