

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATION

09 NOV 17 PM 1:49

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

LAMALUS, LLC

REINSTATEMENT 2008-09 8PM

800162842368
11/16/09--01006--014 **300.00

CR2E081 (12/08)

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

3907 N FEDERAL HWY

3. Mailing Office Address

3907 N FEDERAL HWY

Suite, Apt. #, etc.

STE 256

Suite, Apt. #, etc.

STE 256

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

L05000110318

5. FEI Number
20-3816496

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

TAX HOUSE CORPORATION

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

1100 S FEDERAL HWY STE 1213

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☒ 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.

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

REGISTERED AGENT, MUST SIGN

Date

11/06/2009

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
MGR	ALESSANDRA R DIAS	3907 N FEDERAL HWY STE 256	POMPANO BEACH FL 33064

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

11-6-09

Date

931 348-3658

Daytime Phone #