


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L31167 1. Entity Name LA VERANDA, INC.					
Principal Place of Business C/O FRANCO ANTIMUCCI 2121 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062				Mailing Address C/O FRANCO ANTIMUCCI 2121 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0163190	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANTIMUCCI, FRANCO 2121 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTIMUCCI, FRANCO 2121 E. ATLANTIC BLVD. POMPANO BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANPIERO, DAVERIO 2121 E ATLANTIC BLVD POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000048846720 03/22/05--01024--007 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>FRANCO ANTIMUCCI</u> 02-025-05					

FILED

05 MAR 14 PM 12:43

REINSTATEMENT 04-05



91104104 01039 003 \$750.00
02212005 REIN-P CR2E098 (6/04)

Applied For
Not Applicable

Additional Fee Required

FL

Zip Code

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

000048846720
03/22/05--01024--007 **150.00

JS 3/16