

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 18 AM 10:46

**DOCUMENT #** M44526

**1. Corporation Name**

/LAKE FOREST PARK, INC.

**2. Principal Office Address**

6039 Collins Avenue

**3. Mailing Office Address**

6039 Collins Avenue

Suite, Apt. #, etc.  
Suite 1537

Suite, Apt. #, etc.  
Suite 1537

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL 33133

Zip Country  
33140 USA

Zip Country  
33140 USA

**REINSTATEMENT** 99-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/8/1987

**5. FEI Number**

59-2764320

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

RICHARD A. MORGAN

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

Katz, Barron, Squitero & Faust, P.A., 2699 So. Bayshore Drive

Suite, Apt. #, Etc.

Seventh Floor

City

Miami

State

FL

Zip Code

33133-5408

**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

Date

REGISTERED AGENT MUST SIGN

**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
DP	VICENTE CARRODEGUAS	6039 COLLINS AVENUE, #1537	MIAMI BEACH, FL 33140
DT	JOSE E. CARRO	6228 SW 131 Place	Miami, FL 33
DS	MARTA CARRODEGUAS	6039 Collins Avenue, #1537	Miami Beach, FL 33140

**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 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

5/11/00

Date

(305) 386-6035

Daytime Phone #

CR2E081 (9/99)