## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address   01/28/09-01029-006 **500.00	CORPORATIO		-	TMENT OF STATE by of State corporations	E	FILED 09 JAN 28- AM	•	
2. Principal Office Address - No P.Q. Box #    1734 NW 59 STRET   1734 NW 59 STREET	1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Suite. Apt. 4, etc.    City & State   Country   Zip   Zip   Country   Zip   Zip   Country   Zip   Z	Las Flares	; Foundation	), Inc.					
City & State  Chapter City   Flarida   Carre City   Carre C	WA HETTI	عاد	11724 NW 5	NW 59th STREET		j⁄o9-1-01029006° ¥₹500.00		
S. FEI Number   Applied F   Mot Applied F						i a a ta 📻 i a stata	7-7~1	
Zip 33330 USA  7. Name and Address of Current Registered Agent  Name  MARIULL  MALCY  Street Address of Current Registered Agent  City  City  State  City  State  City  State  City  State  City  Registered Agent  Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officer and/or Directors  Officer and/or Directors  Name of Officer and/or Director Agent  Registered Agent  Registered Agent  Registered Agent  Registered Address of Each Officer and/or Director Agent  Registered Agent  Registered Address of Each Officer and/or Director City / State / Zip  Coopen CM, R 333.  UP  Daph NEC Am pbell  14625 NE 4 Ave  MIA mi, R 33161  DIT Hubert Campbell  14625 NE 4 Ave  MIA mi, R 33161		FINDINA				er	Applied For	
7. Name and Address of Current Registered Agent  Name  MARIULL  MA		•	Zip	Country 6.		\$8	Not Applicable  3.75 Additional Fee required	
Name MARILY MARCY ETG.  Street Address (P.O. Box Number is Not Ackeptable)  GHO ME 149 STREET  City.  City.	33330 USA 33330						for a Certificate of Status	
Signature of Registered Agent  Pate 1-21-09  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  Officer and/or Director  P/3  Daisy Ranew  11724 SW 59454  Coopen CM, R 333.  UP Daph RE CAMPBELL  14625 NE 4 AVE  MIAMI, FL 33161  D/T HUBERT CAMPBELL  14625 NE 4 AVE  NUMI FL 33161	Name MARILIA L. MALOU ECQ.  Street Address (P.O. Box Number is Not Acceptable)  GHO ME 149 STREET  Suite, Apt. #, Etc.  City,  State Zip Code				circums the pric are ce	☐ 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.		
Titles Name of Officers and/or Directors  P/S Daisy RANGEL 11724 SW 5995 Coopen CM, R 333.  UP Daph ALE CAMPBELL 14625 NE 4 <sup>th</sup> AVE MIAMI, FL 33161  D/T HUBERT CAMPBELL 14625 NE 4 <sup>th</sup> AVE MIAMI, FL 33161	Signature of	Day L	. 6 Can		e obligations of section		_	
Officers and/or Director  P/S Daisy RANEW 11724 SW 5955 Coopen CM, R 333.  UP DaphALE CAMPBELL 14625 NE 4 <sup>th</sup> AVE MIAMI, R 33161  D/T HUBERT CAMPBELL 14625 NE 4 <sup>th</sup> AVE NAMI FL 33161	9. Names and Street Add		d/or Director (Florida nonpro			T		
UP DaphAJE CAMPBELL 14625 NE 4th AVE MIAMI, PL 33161  DIT HUBERT CAMPBELL 14625 NE 4th AVE DUAMI, FL 33161	Titles			Officer and/or Director				
DIT HUBERT CAMPBELL 14625 NE 4th AVE DUAMI, FL 33161	P/3 Dais	y RAVEW	1177	11724 SW 5985t		Coopen CN	h R 33330	
	UP Dapl	phece 1462	14625 NE 4 AVE		MIAMI, A	33/6/		
800142298788 01/28/0901029007 **165.00	D/T HUBER	r Campbell	- 14628	5 NE 4+	5 AVE	pumi FC	33161	
80D142298788 01/28/0901029007 **165.00								
					8U) 01/28/0	0 <b>14</b> 2298 r 0901 <u>029007</u>	88 **165.00	
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 full 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 fer 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 PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone *	this reinstatement appl owed by the corporatio	lication, the reason for disson have been paid and the l	solution has been eliminated, names of individuals listed o	d, the corporate name satis on this form do not qualify the ne legal effect as if made un	sfies the requirements for an exemption cont inder oath.	s of section 607.0401 or 617.0 htained in Chapter 119, F.S. T	0401, F.S., that all fees The information indicated	