

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 28 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000008566

1. Corporation Name

LAS FLORES FOUNDATION, INC.

REINSTATEMENT 02-09

001/30

800142298788

01/28/09--01029--006 **500.00

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

11724 NW 59th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

11724 NW 59th STREET

Suite, Apt. #, etc.

City & State

COOPER CITY, FLORIDA

Zip

Country

33330

USA

City & State

COOPER CITY, FLORIDA

Zip

Country

33330

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-03-2001

5. FEI Number

65-1154219

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

MARILYN L. MALOY, ESQ.

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

640 NE 149 STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33161

☐ 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 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1-21-09

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
P/S	DAISY RAYNO	11724 SW 59 th ST	COOPER CITY, FL 33330
VP	DAPHNE CAMPBELL	14625 NE 4 th AVE	MIAMI, FL 33161
D/T	HUBERT CAMPBELL	14625 NE 4 th AVE	MIAMI, FL 33161

800142298788

01/28/09--01029--007 **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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAISY RAYNO

1-21-09

Date

954-394-2835

Daytime Phone #