

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008640

1. Corporation Name

LARA IMPORTS, INC.

Principal Place of Business

11514 MCMULLEN RD  
RIVERVIEW FL 33569

Mailing Address

11514 MCMULLEN RD  
RIVERVIEW FL 33569

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/2000

5. FEI Number

59-3666121

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LARA, JOSE E	11514 MCMULLEN RD	RIVERVIEW FL 33569
D	LARA, JAIME	11514 MCMULLEN RD	RIVERVIEW FL 33569
D	LARA, DONATO	11514 MCMULLEN RD	RIVERVIEW FL 33569
D	GARCIA, OLIVIA	11514 MCMULLEN RD	RIVERVIEW FL 33569

300023969733  
10/21/03--01061--001 \*\*150.00

8. Name and Address of Current Registered Agent

LARA, JOSE E  
11514 MCMULLEN RD  
RIVERVIEW FL 33569

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Jose E. Lara* President  
REGISTERED AGENT MUST SIGN

Date

10/9/2003

11. 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:

*Jose E. Lara* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/2003

Daytime Phone #

CR20040 (7/03)

As per my conversation with the help line personnel at (850) 245-6059, I am sending this letter due to not having received initial Corporations document. There is another mailing address in the area which is similar to mine. Consequently, the delivery of some mail may never reach my mail box. I have included the \$150 check for filing the report without penalty.

José Eduardo Lara  
President

10/16/2003

(813) 267-3268 if questions