

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

DOCUMENT # P00000008640

1. Corporation Name

LARA IMPORTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11514 MCMULLEN RD
RIVERVIEW FL 33569

Mailing Address

11514 MCMULLEN RD
RIVERVIEW FL 33569



REINSTATEMENT 07

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

10/20/2000

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
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 Zip Code
FL

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)(l), 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