

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 SEP 30 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000047984**

1. Corporation Name

LAVOISIER ABSTRACT & SETTLEMENT SERVICES, INC.

2. Principal Office Address

22534 S.W. 7TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33433

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

5. FEI Number

65-1145060

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2003 WOF

7. Name and Address of Current Registered Agent

Name

FILINGS, INC.

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

3732 N.W. 16th Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

X

REGISTERED AGENT MUST SIGN

Date

09/29/03

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	Ileana Palomino	22534 S.W., 7th Street	Boca Raton, FL 33433

300024216233
10/28/03--01073--030 **150.00

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 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:

X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/29/03
Date

202

LAVOISIER ABSTRACT & SETTLEMENT SERVICES, INC.
22534 S.W. 7TH STREET
BOCA RATON, FLORIDA 33433
954-834-0437

September 29, 2003

Secretary of State
Hand-Delivered

Re: Annual Report

Dear Sir/Madam:

Please be advised that our office did not receive notice from the Florida Department of State regarding the filing of the annual report, we are enclosing the report fee of \$150.00

Your cooperation will be greatly appreciated

Sincerely yours,

Ileana Palomino

