

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1052

03 SEP 30 PM 2: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO10000047984**

1. Corporation Name

**LAVOISIER ABSTRACT & SETTLEMENT SERVICES, INC.**

2. Principal Office Address

**22534 S.W. 7TH STREET**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FLORIDA**

City & State

Zip

**33433**

Country

**USA**

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

*[Signature]*  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Date **09/29/03**

2072

**LAVOISIER ABSTRACT & SETTLEMENT SERVICES, INC.**  
**22534 S.W. 7<sup>TH</sup> 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