

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 17 AM 9:51

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P01000052033**

1. Corporation Name

**LACO OVERSEAS, INC.**

Principal Place of Business

Mailing Address

2196 NW 21 STREET  
 MIAMI FL 33142

2196 NW 21 STREET  
 MIAMI FL 33142

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/24/2001	
City & State		City & State		5. FEI Number	
Zip		Country		26-0031229	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 23



700023910617  
 10/17/03--01072--016 \*\*150.00

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	RAAD, INGRID CECILIA	5825 COLLINS AVENUE, SUITE PH-F	MIAMI BEACH FL 33140
D	THEODORE COHEN	5825 Collins Avenue PH-F	Miami Bch, FL 33140

700023910617  
 10/17/03--01072--017 \*\*8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SERFATY, CHARLES S 4330 SHERIDAN STREET SUITE 202-B HOLLYWOOD FL 33021	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

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: *Serfaty* REGISTERED AGENT MUST SIGN Date: 10/08/03

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: *Theodore Cohen* THEODORE COHEN Date: 10/7/03 Daytime Phone #: 305-3241717

CR2E040 (7/03)



# LACO OVERSEAS INC.

2196 N.W. 21 Street - MIAMI - FL 33142 - USA  
Tel: 305 - 324 1717 - Fax: 305 - 324 1771 / E-mail: [AmazonFrutti@aol.com](mailto:AmazonFrutti@aol.com)

October 14, 2003

**DEPARTMENT OF STATE**  
**Division of Corporations**  
409 East Gaines Street  
Tallahassee, FL 32399

**Ref: Application for Reinstatement**

Dear sir:

We just received your letter regarding the Application for reinstatement of our company, Laco Overseas Inc.

We are sorry to say that we have never received any document related to the filing. We remember filing it last year for the first time.

In addition, I [Theodore Marc Cohen] have been out of the office since the end of May due to an accident which led to a surgery on both legs with total immobilization until September 28, 2003.

I just started going back to the office for a few hours a day, the first week of October.

I hope that you will take this into consideration and we thank you for your attention to this letter. We look forward to hearing from you in a very near future and have our corporation reinstated.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Theodore Marc Cohen".

**Theodore Marc Cohen**  
**Director**