

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 AUG 11 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000074063

1. Corporation Name

Lafortune Financial Services Inc

2. Principal Office Address

101 Aurelia Kiss
Suite, Apt. #, etc.

3. Mailing Office Address

101 Aurelia
Suite, Apt. #, etc.

City & State

Kissimmee FL 34758

City & State

Kissimmee FL 3

Zip

34758

Country

US

Zip

34758

Country

US

REINSTATEMENT 02-06
ORZEB81 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8-1-2001

5. FEI Number

550-82-8131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ashley Lafortune

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

101 Aurelia Ct

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

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

Ashley Lafortune
REGISTERED AGENT MUST SIGN

Date 8-8-06

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
President	Ashley Lafortune	101 Aurelia Ct	Kissimmee FL 34758
✓	Ernst Nebo	230 East Or	Miami FL 33182

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08/18/06--01033--014 **1500.00

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 contained in Chapter 119, 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:

Ashley Lafortune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-06
Date

407-962-7256
Daytime Phone #

8/14/06