

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 17 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080681

1. Corporation Name

LAURA CAROLINA CORP.

2. Principal Office Address

1320 S. DIXIE HWY.

Suite, Apt. #, etc.

280

City & State

CORAL GABLES, FL.

Zip

33146

Country

USA

3. Mailing Office Address

1320 S. DIXIE HWY.

Suite, Apt. #, etc.

280

City & State

CORAL GABLES, FL.

Zip

33146

Country

USA

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ 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

RAUL J. SANCHEZ DE VARONA

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

1320 S. DIXIE HWY.

Suite, Apt. #, Etc.

280

City

CORAL GABLES

State

FL

Zip Code

33146

800029031048
02/18/04--01054--013 **450.00

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

Date

REGISTERED AGENT MUST SIGN

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
D	CASALLAS MEJIA, EDGAR	1320 S. DIXIE HWY. SUITE 280	CORAL GABLES, FL. 33146
D	SANCHEZ GUEVARA, EDNA BIBIANA	1320 S. DIXIE HWY., SUITE 280	CORAL GABLES, FL. 33146

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

Date

Daytime Phone #

2/10/04

CR2E081 (01/04)

February 11, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Laura Carolina Corp.

To Whom It May Concern:

Please be advised that we did not receive the 2003 Uniform Business Report for Laura Carolina Corp.

Enclosed you will find the Uniform Business Report Form with a check in the amount of \$ 450.00.

Should you have any questions or need further information feel free to contact me at 305 667 7733.

Sincerely,

A handwritten signature in black ink, appearing to read 'Edgar', followed by a long horizontal flourish.

Edgar Casallas Mejia