

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 27 PM 1:17
SECRET
TALLAHASSEE

DOCUMENT # P01000084585

1. Corporation Name

Lason, Alexander, Nicholas Property
Management, Inc.

2. Principal Office Address

5710 Lincoln Cr East

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

USA

3. Mailing Office Address

P.O. Box 4002

Suite, Apt. #, etc.

City & State

Lantana, FL

Zip

33465-4002

Country

USA

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

8/27/2001

5. FEI Number

651153529

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

Miguel Corzo

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

5710 Lincoln Cr East

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

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]

Date

6/23/05

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
P.D.	<u>Miguel Corzo</u>	<u>5710 Lincoln Cr E</u>	<u>Lake Worth, FL 33463</u>

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

6/23/05

Daytime Phone #

386-9527

CR2E081 (01/05)

Jason, Alexander, Nicholas, Property
Management, Inc.
5710 Lincoln Cr. East
Lake Worth, Fl 33463

June 23, 2005

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

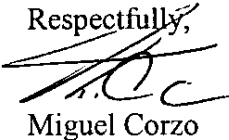
Reference: P01000084585

To Whom It May Concern:

I did not receive the documents for 2002 to renew my company and was over looked by me in which lead to an administration dissolution. Therefore I'm submitting a check for \$750.00 to reinstate the above company.

If you have any questions, feel free to contact me at 561-386-9527.

Respectfully,



Miguel Corzo