

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000014101

1. Entity Name  
POGARLOU GENERAL LABOR, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 29 PM 2:42

Principal Place of Business  
5769-35 WAY SW  
FORT LAUDERDALE, FL 33312

Mailing Address  
5769-35 WAY SW  
FORT LAUDERDALE, FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11102004 REIN-P

CR2E098 (6/04)

4. FEI Number  
65-0158321

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

NOVEMBER 20 104

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GAGNER, ADRIEN  
STREET ADDRESS 4001 GRIFFIN ROAD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE VD ☐ Delete  
NAME LACHAINE, BERNARD  
STREET ADDRESS 4001 GRIFFIN ROAD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE STD ☐ Delete  
NAME LACHAINE, PAULINE G  
STREET ADDRESS 4001 GRIFFIN ROAD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 800043042518  
STREET ADDRESS 11/29/04-01058-001 \*\*158.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pauline G Lachaine Pauline Lachaine

11/22/04 (954) 923-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/04