

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

800043537048
12/20/04--01070--002 **150.00



DOCUMENT # P02000031491

1. Entity Name
LAKAR, CORP.



Principal Place of Business
4260 E 2 AVE
HIALEAH, FL 33013

Mailing Address
4260 E 2 AVE
HIALEAH, FL 33013

2. Principal Place of Business
4865 NW 171 Street
Suite, Apt. #, etc.

3. Mailing Address
4865 NW 171 Street
Suite, Apt. #, etc.

City & State
Opa Locka FL
Zip
33055
Country
U.S.A

City & State
Opa Locka FL
Zip
33055
Country
U.S.A

11292004 REIN-P CR2E098 (6/04) *MRS*

4. FEI Number
02-0566250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FIGUEROA, LAZARO
4260 E 2 AVE
HIALEAH, FL 33013

7. Name and Address of New Registered Agent
Name
MIGUEL CARLOS
Street Address (P.O. Box Number is Not Acceptable)
16745 NW 44 AVE
City MIAMI FL Zip Code 33055

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]* Vicepresident 11/29/4
(NOTE: Registered Agent signature required when reinstating)

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	P	<input checked="" type="checkbox"/> Delete
NAME	FIGUEROA, LAZARO	
STREET ADDRESS	4260 E 2 AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MIGUEL, CARLOS	
STREET ADDRESS	4260 E 2 AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA LAZARO	
STREET ADDRESS	4865 NW 171 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL CARLOS	
STREET ADDRESS	16745 NW 44 AVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 04

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: *[Signature]* Vicepresident 11/29/4 (305) 622-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #