

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 23 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072552

1. Corporation Name

L.A.W. REAL ESTATE INVESTMENT GROUP, INC.

REINSTATEMENT 03-05

T. Roberts SEP 23 2005

CR2E081 (8/05)

2. Principal Office Address

5300 NW 33RD AVE

Suite, Apt. #, etc.

Suite 200

City & State

FT. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

5300 NW 33RD AVE

Suite, Apt. #, etc.

200

City & State

FT. Lauderdale, FL

Zip

33309

Country

USA

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

07/02/2002

5. FEI Number

02-0750362

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

LORNE WRAY

800059998288

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

17798 SW 28TH STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33029

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

Lorne Wray

REGISTERED AGENT MUST SIGN

Date 9.21.05

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	LORNE WRAY	17798 SW 28TH STREET HOLLYWOOD, FL 33029	HOLLYWOOD, FL 33029

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:

Lorne Wray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.21.05 954 677 0899

Date

Daytime Phone #