

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094607

1. Corporation Name

LAROUSE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

2191 NW 72ND TERRACE
SUNRISE FL 33313-3847

2191 NW 72ND TERRACE
SUNRISE FL 33313-3847



600024054666
10/23/03--01075--025 **150.00

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State
SUNRISE FL

City & State

Zip
33313

Country
BROWARD

Zip
Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	MILLER, GILBERT A	2191 NW 72ND TERRACE 6164 W OAKLAND PARK	SUNRISE FL 33313

REINSTATEMENT

8. Name and Address of Current Registered Agent

DONATES, PC
3971 SW 8TH STREET SUITE 206
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name
DAN FARMER
Street Address (P.O. Box Number is Not Acceptable)
1933 POMEROY RD
Suite, Apt. #, Etc.

City
Hollywood
State
FL
Zip Code
33020

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/13/03

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

Daytime Phone #

CR2E040 (7/03)



2042
THE ACCOUNTING & TAX COMPANY, INC.

* Coral Gables *

* Hollywood *

October 17, 2003

**Florida Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327**

RE: SUBJECT: **LAROUSE INVESTMENTS, INC.**
 REFERENCE #: **P02000094607**
 FORM: **REINSTATEMENT - UBR 2003**

Dear Sirs:

Please be advised that enclosed is a completed Corporation Reinstatement for the above mentioned corporation. The required Uniform Business Report was not filed because we never received the pre-printed UBR 2003 format. When we contacted your office we were instructed to write this letter stating the above reason and include it with the Corporation Reinstatement form and fee of \$150.00. Also, note the change of address we have made.

If there should be any questions or problems, we would appreciate you contacting us.

Sincerely yours,

Dan R. Farmer

3971 S.W. 8th Street, Suite 206
Coral Gables, FL 33134
(305) 461-0047
(305) 461-0049

1933 Pembroke Road
Hollywood, FL 33120
(954) 922-8603
Fax (954) 922-8604