

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -9 PM 4: 54

DOCUMENT # P02000105638

1. Corporation Name

LAFAYA, INC.

2. Principal Office Address - No P.O. Box #

5811 BELTLINE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DALLAS, TEXAS

City & State

Zip

75254

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2002

5. FEI Number

32-0040944

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

ROBERT HAIGHT

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

17597 ROCKEFELLER CIRCLE, SUITE 4

Suite, Apt. #, Etc.

SUITE 4

City

FT. MYERS, FLORIDA 33967

State

FL

Zip Code

33967

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert Haight
REGISTERED AGENT MUST SIGN

Date 7 April 2008

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	LARRY KRAUSS	5811 BELTLINE ROAD	DALLAS, TEXAS 75254
D	KATO KRAUSS	5811 BELTLINE ROAD	DALLAS, TEXAS 75254
D	ROBERT HAIGHT	5811 BELTLINE ROAD	DALLAS, TEXAS 75254

REINSTATEMENT 03-08 B 4/9/08

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 contained in Chapter 119, 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:

Robert Haight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT HAIGHT DIRECTOR

4-7-2008

Date

972-980-4676
Daytime Phone #