

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 29 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123709

1. Corporation Name

LA IN FLA, CORP

Principal Place of Business

200 S OCEAN BLVD #129  
DELRAY BCH FL 33483

Mailing Address

200 S OCEAN BLVD #129  
DELRAY BCH FL 33483



REINSTATEMENT

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

11/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

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
D	ASAM, MARY L	200 S OCEAN BLVD #129	DELRAY BCH FL 33483

200024262272  
10/29/03--01077--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASAM, MARY L  
200 S OCEAN BLVD #129  
DELRAY BCH FL 33483

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Mary L. Asam*  
REGISTERED AGENT MUST SIGN

Date

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:

*Mary L. Asam, President Mary L. Asam* 10/22/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/03)

[Click here and type return address]

## LA in FLA. CORP

October 23, 2003


Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Madam or Sir:

I received the form letter from your office regarding the dissolution of my corporation and am writing to inform your department that I have never received any prior notification that I needed to send the 2003 annual report. I am enclosing my check in the amount of \$150.00 to cover the fee to file the report without penalty for my for-profit corporation.

I thank you in advance for filing and reinstatement of my corporation.

Sincerely,



Mary L. Asam, President  
LA in FLA Corp  
200 S. Ocean Blvd. #129, Delray Beach, FL 33483