

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

05 FEB -2 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000129344**

1. Corporation Name

L.A.G. Services, Inc.

2. Principal Office Address

7475 W. 29TH Lane

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33018

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

↓

Zip

33018

Country

U.S.A.

REINSTATEMENT 03-05 *W00*

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/02

5. FEI Number

52-2388965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Luis A. Galvan

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

7475 W 29TH LANE

Suite, Apt. #, Etc.

City

Hialeah

State

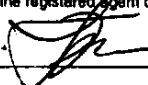
FL

Zip Code

33018

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



Date

1/26/05

REGISTERED AGENT MUST SIGN

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	Luis A. Galvan	7475 W 29 Lane	Hialeah, FL 33018

200046661682

02/15/05--01001--018 **450.00

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Date

305-825-8282

Daytime Phone #

L.A.G. SERVICES, INC.

7475 WEST 29TH LANE
HIALEAH, FL 33018
305.825.8282

January 26, 2005

Florida Department of State
Division of Corporations

Re: **L.A.G. SERVICES, INC.**
P02000129344

To whom it may concern:

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive any notification in the mail, for 2003. Thank you in advance for your time and consideration.

Sincerely,

Luis A. Galvan
President

2004 & 2005

2003