

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000129738

1. Corporation Name

LAURA'S SPECIALTY SURFACINGS, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable

3117 SO SEMORAN BLVD

Suite, Apt. #, etc.

SUITE 333

City & State

ORLANDO, FL

Zip

32822

Country

USA

3. New Mailing Office Address, if Applicable

200 NORTH DENNING DRIVE

Suite, Apt. #, etc.

SUITE 5

City & State

WINTER PARK, FL

Zip

32789-3736

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/2002

5. FEI Number

81-0619969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee require  
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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	VASQUEZ, LAURA M.	3117 SOUTH SEMORAN BLVD#333	ORLANDO, FL 32822
VP	J. GUILLERMO DURRUTY	3117 SOUTH SEMORAN BLVD#333	ORLANDO, FL 32822
VP	OMAR E NOBREGA	6003 AUGUSTA NATIONAL DRIVE	ORLANDO, FL 32822

8. Name and Address of Current Registered Agent

MAYORGA, AUGUST C.

200 NORTH DENNING DRIVE, SUITE 5  
WINTER PARK, FL 32789-3736

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*[Signature]*

Date

2/24/04

REGISTERED AGENT MUST SIGN

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)(f), 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]*

02/15/04

Date

Jayline Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF APPOINTING OFFICER OR DIRECTOR  
LAURA M. VASQUEZ, PRESIDENT

FILED

04 FEB 26 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03-04

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**LAURA'S SPECIALTY SURFACINGS, INC.**

3117 SOUTH SEMORAN BLVD - #333  
ORLANDO, FLORIDA 32822

2052

February 15, 2004

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Charter Number P02000129738  
FEIN #: 81- 0619969

Dear Sirs,

Attached please find our application to renew the Charter of the Corporation in the above subject reference. Attached also is our check for \$ 150.00.

We unfortunately did not receive the Notice of Renewal from your office and were not aware of the need to renew the Corporation's Charter. Because of the foregoing we are hereby asking for a waiver of the additional charges and allow the reinstatement of our corporation for the year 2004.

I thank you kindly for your positive response to this request.

Sincerely,



Laura M. Vasquez  
President