

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 APR 23 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000064141

1. Corporation Name

LAIETA ENTERPRISES, INC.

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

1111 LAKE TERR

Suite, Apt. #, etc.

#210C

City & State

BOYNTON BEACH FL

Zip

33426

Country

USA

3. Mailing Office Address

1111 LAKE TERR

Suite, Apt. #, etc.

#210C

City & State

BOYNTON BEACH FL

Zip

33426

Country

USA

900125361749  
04/23/08--01046--021 \*\*1350.00

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 06/01/03

5. FEI Number

☒ 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

GUY LAIETA

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

1111 LAKE TERR

Suite, Apt. #, Etc.

#210C

City

BOYNTON BEACH

State

FL

Zip Code

33426

☐ 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

Date 4/21/08

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	ANDREA BELLITTO	1111 LAKE TERR #210C	BOYNTON BEACH FL 33426
T	GUY LAIETA	1111 LAKE TERR #210C	BOYNTON BEACH FL 33426

REINSTATEMENT

04-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

Daytime Phone #