

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000149848

1. Entity Name  
LAPOMMERELLE RESTAURANT, CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 13 PM 4:25

Principal Place of Business  
13383 MEMORIAL HWY  
MIAMI, FL 33161

Mailing Address  
13383 MEMORIAL HWY  
MIAMI, FL 33161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12012004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPOMMERAY, MICHEL J  
740 NE 142ND ST  
NORTH MIAMI, FL 33161

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LAPOMMERAY, MICHEL J  
STREET ADDRESS 13383 MEMORIAL HWY  
CITY-ST-ZIP MIAMI, FL 33161

TITLE D ☐ Delete  
NAME LAPOMMERAY, CECILE  
STREET ADDRESS 13383 MEMORIAL HWY  
CITY-ST-ZIP MIAMI, FL 33161

TITLE D ☐ Delete  
NAME CASIMIR, UTILLA L  
STREET ADDRESS 13383 MEMORIAL HWY  
CITY-ST-ZIP MIAMI, FL 33161

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 400043365474  
STREET ADDRESS 12/13/04--01058--013 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEC, 7, 2004 786-202-0560

12/13/04

2/2

# Lapommeréelle Restaurant

13383 Memorial Highway  
North Miami, FL 33161  
USA

Phone: 305-893-3522  
Fax: 305-981-3303  
lapommereelle@yahoo.com

December 7, 2004

Mr. Tyrone Scott  
Document Specialist  
Florida Department Of State

Subject: Lapommereelle Restaurant, Corp.  
Ref.# P03000149848

This is to inform you that the undersigned Michel J. Lapommeray, Registered Agent for Lapommereelle Restaurant, Corp. , I did not receive on time any notices for the year 2004, and therefore, I would like the late fee of \$ 600.00 of reinstatement to be waived.

Please find attached a check in the amount of \$ 150.00 corresponding to the reinstatement fee.

Sincerely,

  
Michel J. Lapommeray  
Registered Agent