

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 NOV 29 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000019350

1. Corporation Name

**LAFERRETI CORP.**

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

**1500 Bay Road**

3. Mailing Office Address

**7360 Coral Way**

Suite, Apt. #, etc.

**Apt 1436**

Suite, Apt. #, etc.

**Suite 21**

City & State

**Miami Beach, FL**

City & State

**Miami, FL**

Zip

**33139**

Country

Zip

**33155**

Country

4. Date incorporated or Qualified  
To Do Business in Florida

**01/27/2004**

5. FEI Number

**20-0676232**

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

**FERRETTI, MARIA L**

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

**1500 Bay Road**

Suite, Apt. #, etc.

**Apt 1436**

City

**Miami Beach**

State

**FL**

Zip Code

**33139**

☒ 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

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
PSD	FERRETTI, MARIA L	1500 Bay Road Apt 1436	Miami Beach, FL 33139

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

11/19/07

Date

Daytime Phone #

NOV 29 2007

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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CONTANTI TAX  
Account Number : I20070000055  
Phone : (305) 461-4788  
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**CORPORATION REINSTATEMENT**

**LA FERRETTI CORP.**

Certificate of Status	0
Certified Copy	0
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