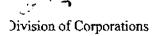
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
CORPORATION REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State		2007 NOV 29 SECRLIARY TALLAHASSE		
DOCUMENT # P0400019350  1. Corporation Name				IMPERIOR	•	
LAFERRET	COF	RP.				
2. Principal Office Address - No P.O. Box# 1500 Bay Road			RE	INSCEPAL		
Suite, Apt. #, etc. Apt 1436 Suite 2		21			1/27/2004	
<sup>City &amp; State</sup> Miami Beach, FL	Miami, FL			20-0676232 Applied For Not Applicable		
33139 Country	<b>3</b> 3155	Country	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 TS000 Bay Road Not Acceptable  April 1436 Miami Beach State 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 walved.			
8. I, being appointed the registered agent of the above named corporation, am (amiliar with and accept the obligations of section 607.0505 or \$17.0503, F.S.  Signature of Registered Agent						
9. Names and Street Addresses of Each Officer and	Vor Director (Florida nonpro	Street Address of Each	1	. City /	Status / Zip	
PSD FERRETTI, MAF	RIA L 1500	1500 Bay Road Apt 1436				
10. I certify that I am an officer or director or the rece this reinstatement application, the mason for dis- owed by the corporation have foce paid and the on this application is true and accurate, and my so SIGNATURE:	edution has been eliminated names of individuals listed o lignature shall have the sem	i, the corporate name satisfies on this form do not qualify for no legal effect as if made unde	the requirements an exemption con	of section 607.0401 or 61	17,0401, F.S., that all fees	



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## Florida Department of State

Division of Corporations Public Access System

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## CORPORATION REINSTATEMENT

## LAFERRETTI CORP.

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