

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR -2 PM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000163044

1. Corporation Name

LACED UP ENTERTAINMENT, INC.

REINSTATEMENT

CR2E081 (1/07)

0507

2. Principal Office Address - No P.O. Box #
16841 NW 72 AVE

3. Mailing Office Address
16841 NW 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33015

Country

Zip
33015

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-1971818

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
PONCE, DANNY

Street Address (P.O. Box Number is Not Acceptable)
16841 NW 72 AVE

Suite, Apt. #, Etc.

City
MIAMI,

State
FL

Zip Code
33015

☐ 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

REGISTERED AGENT MUST SIGN

Date **01/25/2007**

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	NIELSEN, RYAN H.	1799 NE 4TH AVE #12	MIAMI, FL 33132
SD	NIELSEN, PAUL F.	1799 NE 4TH AVE #12	MIAMI, FL 33132
VD	PONCE, DANNY	16841 NW 72ND AVE.	MIAMI, FL 33015

200097220402
04/17/07--01039--024 **458.75

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

Vice President

01/25/2007

Date

(786)443-8117

Daytime Phone #

4/4/07

LACED UP ENTERTAINMENT, INC.

16841 NW 72 Avenue

Miami, FL 33015

Tel. (786)443-8117

Email: lacedupent@gmail.com

January 26, 2007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
RE: DOC# P04000163044

Gentlemen:

We never received any correspondence from your office about the ANNUAL FEE REPORT, this is our first corporation we have, and we did not know about this report. Please waive the penalty charges.

Attached you will find a check for \$458.75 to cover 2005, 2006, 2007 and the certificate of status.

Any questions or concerns feel free to contact me.

Sincerely Yours,



Danny Ponce
Vice-President