

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 21 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000017942

1. Corporation Name

4323 LAUREL CORP.

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

255 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE: 500

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Office Address

255 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE: 500

City & State

CORAL GABLES FL

Zip

33134

Country

USA

REINSTATEMENT

CR2E081 (10/08)

08-08

4. Date Incorporated or Qualified
To Do Business in Florida 02/03/2005

5. FEI Number
20-2290183

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
MAURICIO ORTIZ

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

255 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE: 500

City

CORAL GABLES FL

State

FL

Zip Code

33134

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

H. Ortiz

REGISTERED AGENT MUST SIGN

Date 10-20-08

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
PD	MAURICIO ORTIZ	255 ALHAMBRA CIRCLE - SUITE: 500	CORAL GABLES FL 33134
			500137166885 10/22/08-01030-007 **300.00

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:

H. Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-08

Date

Daytime Phone #