

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 10 AM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162639445
11/09/09--01060--016 **450.00

11-13-09

DOCUMENT # P0600079156

1. Corporation Name

Screens by LA Inc

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

3039 elisa lane

Suite, Apt. #, etc.

3. Mailing Office Address

3039 elisa lane

Suite, Apt. #, etc.

City & State

lake worth, fl

Zip

33461

Country

palm beach

City & State

lake worth, fl

Zip

33461

Country

palm beach

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2006

5. FEI Number

20-4979577

☒ 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

Lino A Atienza

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

3039 elisa lane

Suite, Apt. #, Etc.

City

lake worth

State

FL

Zip Code

33461



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 section 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/05/2009

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
president	Lino A Atienza	3039 elisa lane	lake worth, fl

10. E-mail Address: atienzalino@aol.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lino A. Atienza

11/05/2009 (561)351-1170

Date

Day time Phone#