

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000130140

1. Corporation Name

LA PROVENCE PROPERTIES, INC

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

2106 NW 13TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

33142

3. Mailing Office Address

2106 NW 13TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

33142

4. Date Incorporated or Qualified
To Do Business in Florida 10/12/2006

5. FEI Number
56-2618567

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NEIL BIENSTOCK

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

2106 NW 13TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

☒ 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.

\$ 150 x 4 = \$ 600

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 04/12/2010

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
PT	THAU, DAVID	2106 NW 13TH AVENUE	MIAMI, FL 33142
VPS	BIENSTOCK, NEIL	2106 NW 13TH AVENUE	MIAMI, FL 33142

10. E-mail Address: NEIL@LAPROVENCEMIAMI.COM

(To be used for future annual report notification)

11. 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. 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:

VPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2010 305-547-4667

Date

Daytime Phone #

FILED
10 APR 20 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000176538330
04/20/10--01020--019 **600.00
REINSTATEMENT 07-10