

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000075669

1. Corporation Name

LEGALPARALATINOS.COM, INC.

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

10900 NW 25TH ST

Suite, Apt. #, etc.

STE 200

City & State

DORAL, FL

Zip

33172

Country

USA

3. Mailing Office Address

W1 -Z1360
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2007

5. FEI Number

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

Tauler Law Firm, PA.

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

10900 NW 25TH ST.

Suite, Apt. #, Etc.

STE 200

City

Doral

State

FL

Zip Code

33172

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/21/10

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	Elena Tauler	10900 NW 25 ST SUITE 200	Doral, FL 33172

REINSTATEMENT

RH

10. E-mail Address: administration@taulerlawfirm.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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/10

Daytime Phone #

FILED

10 JUL 19 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800177727838
05/24/10--01044--006 **300.00

800177727838
04/26/10--01067--010 **150.00

CR2E081 (4/10)