2852

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
LAZAG INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

JK6

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10 NOV 10 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000008354

1. Corporation Name

LAZAG INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1380 S. FEDERAL HIGHWAY	1380 S. FEDERAL HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH FL
Zip: 33062 Country: US	Zip: 33062 Country: US

REINSTATEMENT 2010

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida: 01/27/2009

5. FEI Number: 30-0539039 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
DIR	LARISSA ZAGUSTIN	1380 S. FEDERAL HIGHWAY	POMPANO BEACH FL 33062

10. E-mail Address: lzagustin@hotmail.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, and 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: _____ LARISSA ZAGUSTIN 11/05/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #