

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 4:19

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014910

1. Corporation Name

LLANES ENTERPRISES, INC.

2. Principal Office Address

3256 NW 24 Street Road

3. Mailing Office Address

3256 NW 24 Street Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0376457

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

Alfonso Llanes

300004658183--8

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

1090 Waterside Lane

10/30/01-01003-018

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Hollywood,

State

FL

Zip Code

33019

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

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
PDO	Alfonso Llanes	1090 Waterside Lane	Hollywood, FL 33019
STD	Alicia Llanes	1090 Waterside lane	Hollywood, FL 33019

SP

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25091 (8/95)

OCT-25-01 THU 11:45 AM

LAZARUS CORPORATION

FAX: 3052201440

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FROM :

FAX NO. : 3056426962

Oct. 25 2001 11:04AM PT

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Llanes Enterprises, Inc.
3256 NW 24th Street Road
Miami, FL 33142

October 24, 2001

Department Of State
Division of Corporations
Tallahassee, FL

Dear Department of State:

We have been recently informed by our financial institution that our corporation, "Llanes Enterprises, Inc." Doc. No. P92000014910, has been administratively dissolved.

We have reviewed our records and have confirmed that we did not receive any reports, forms or correspondence from the Department of State.

Due to this circumstance, please accept our payment without penalty for the 2001 Annual Report.

Sincerely,



Alfonso Llanes
President