PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 18 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044362

1. Corporation Name

LAVAM OF FLORIDA, INC.

Principal Place of Business	Mailing Address
None	1313 Ponce de Leon Blvd. Suite 301 Coral Gables, Fla. 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1313 Ponce de Leon Blvd	1313 Ponce de Leon Blvd
Suite, Apt #, etc. Suite 301	Suite, Apt #, etc. Suite 301
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/22/1993

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	JOSE MIGUEL BELLOSO	1313 Ponce de Leon Blvd Suite 301	Coral Gables, FL 33134
			900002530839--1 05/21/98--01005--002 ***1350.00 ***1350.00

REINSTATEMENT 6/18/98

8. Name and Address of Current Registered Agent

DURAN, ALFREDO G.
150 West Flagler Street
Suite 2200
Miami, Florida 33130

9. Name and Address of New Registered Agent

Name: Jorge Sanchez-Galarraga
Street Address (P.O. Box Number is Not Acceptable): 1313 Ponce de Leon Blvd.
Suite, Apt. #, Etc.: Suite 301
City: Coral Gables State: FL Zip Code: 33134

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date May 15, 1998
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), *Florida Statutes*. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ Jose Miguel Belloso President 5/15/98 (305)445-5351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #