

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 23 PM 9:12

DOCUMENT # P93000063122

1. Corporation Name

Larece Dept. Store Corp.

W05-53505

700061872837
12/05/05--01002--014 **150.00

REINSTATEMENT 03.05

2. Principal Office Address

4418 S. Grange
Blossom Tr.

3. Mailing Office Address

5468 Woodcrest Dr
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Winter Park, FL

Zip

Country

32839

Grange

Zip

Country

32792

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

May 1993

5. FEI Number

59-321332-2

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Manuel Larece

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

5468 Woodcrest Dr. N.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

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

Manuel Larece

REGISTERED AGENT MUST SIGN

Date 11-29-05

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
President	Manuel Larece	5468 Woodcrest Dr. N.	Winter Park, FL 32792
Secretary	Joeline M. Larece	5468 Woodcrest Dr. N.	Winter Park, FL 32792

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:

Manuel Larece

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-05 407-816-1066

Date

Daytime Phone #

12/27
aw

2/2

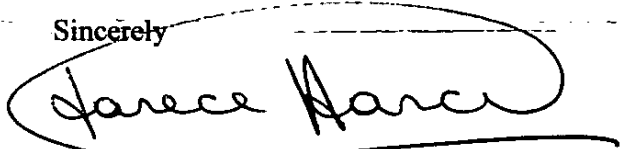
Larece Dept. Store Corp.
4418 S. Orange Blossom Tr.
Orlando, FL 32839

Florida Dept. of State

Date: 11-29-05

This letter is to let you know that since we had moved from 2719 S. Rio Grande Ave. to 4418 S. Orange Blossom Tr. We did not receive any renewal form from you. We will appreciate if you can wave the late fee for us.

Sincerely

A handwritten signature in cursive script, appearing to read "Marcel Larece", is enclosed within a large, hand-drawn oval. The signature is written in dark ink on a white background.

Marcel Larece
President of Larece Dept. Store Corp