

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT -9 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066408

1. Corporation Name
LAURITA RESTAURANT, INC.

Mailing Address Principal Place of Business
~~7033 N.W. 36 Avenue~~ 7033 N.W. 36 Avenue
~~Miami Florida 33147~~ Miami Florida 33147

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable
~~2128 Prairie Avenue~~

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 9/20/1993

Suite, Apt. #, etc.
none

Suite, Apt. #, etc.

5. FEI Number
65-0075776

Applied For
Not Applicable

City & State
Miami Beach, Florida

City & State

Zip 33139 Country U.S.A.

Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Flor A. Daguer	2208 W. Bay Dr. #5	Miami Beach Florida 33141
P	Candy Marie Alemany	2128 Prairie Avenue	Miami Beach Florida 33139
			400003448034--9 -11/02/00--01006--010 ***1500.00 ***1500.00
			REINSTATEMENT 95-00

8. Name and Address of Current Registered Agent

~~Flor A. Daguer~~
~~2208 West Bay Dr. #5~~
~~Miami Beach FL 33141~~

9. Name and Address of New Registered Agent

Name
Candy Marie Alemany
Street Address (P.O. Box Number is Not Acceptable)
2128 Prairie Avenue
Suite, Apt. #, Etc.
none
City
Miami Beach
State
FL
Zip Code
33139

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 *Candy Alemany*
REGISTERED AGENT MUST SIGN

Date 10/6/2000

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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: *Candy Alemany*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/2000 (305) 691-7239

Date Daytime Phone #