

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN -7 PM 2:45

DOCUMENT # P94000030025

**1. Corporation Name**

Lapir Investments, Inc.

**REINSTATEMENT** 00-04

700037719727  
06/07/04--01027--002 \*\*1358.75

**2. Principal Office Address**

801 Brickell Ave

Suite, Apt. #, etc.

16th Floor

City & State

Miami, FL

Zip

33131

Country

USA

**3. Mailing Office Address**

801 Brickell Ave

Suite, Apt. #, etc.

16th Floor

City & State

Miami, FL

Zip

33131

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/20/1994

**5. FEI Number**

65-0693759

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

*Barlan Acunre*

**BARBARA A. BUECK**  
**SPECIAL ASSISTANT SECRETARY**

Date

6/2/04

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
Pres.	Belen Lopez	801 Brickell Ave, 16th Floor	Miami, FL 33131
Sec.	Belen Lopez	801 Brickell Ave, 16th Floor	Miami, FL 33131
Treas.	Belen Lopez	801 Brickell Ave, 16th Floor	Miami, FL 33131
Director	Gisella Santivanez	801 Brickell Ave, 16th Floor	Miami, FL 33131

**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:

*Belen Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04

Date

305-381-8340

Daytime Phone #

CR2E081 (01/04)

6/9 AD