

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000030178**

1. Corporation Name

ALFRED J. LAVIERI & SONS, INC.

Principal Place of Business

Mailing Address

7873 NW 56 STREET
MIAMI FL 33166
US

7873 NW 56 STREET
BAY 8
MIAMI FL 33166
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1994

5. FEI Number

65-0483781

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 3	City / State / Zip 4
D	LAVIERI, ALFREDO J	9121 SW 156 CT.	MIAMI FL 33196
	LAVIERI ALFREDO J.	15651 S.W. 156 CT.	MIAMI FL 33196
			900003067129--2 -12/13/99--01004--001 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAVIERI, ALFREDO J
9121 SW 156 CT
MIAMI FL 33196

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/01/99

11. 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 the 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

[Signature]

Date

11/01/99

Daytime Phone #

FILED

99 NOV 29 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR223040 (9/99)