

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Pg 1 of 3

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 JUL 24 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046719

1. Corporation Name
LARAL ENTERPRISES, INC.

Principal Place of Business Mailing Address
2603 OCEAN AVE. 2603 OCEAN AVE.
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404



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
4. Date Incorporated or Qualified To Do Business in Florida 06/22/1994
5. FEI Number 65-0500450
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	City / State / Zip
D	ROSEN, ALLEN S	2603 OCEAN AVE.	RIVIERA BEACH FL 33404
D	QUEEN, LARRY G (DECEASED)	2603 OCEAN AVE.	RIVIERA BEACH FL 33404

500003354325--2
-08/11/00--01098--002
***300.00 ***300.00

8. Name and Address of Current Registered Agent
MEISEL, KEITH W
712 US HWY I
SUITE 230
N PALM BEACH FL 33408

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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: 4/24/00

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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/12/00 Daytime Phone #: 561-8401812

CR2E040 (8/95)

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TO: WNDM IT MAY CONCERN

- I sent in the renewal form for my corporation and the 150⁰⁰ fee prior to May 1.

Your office returned my form stating that I did not properly fill out the form.

The only change that I made ~~in the~~ since (incorp. June 1994) was that my partner Larry G. Queen was deceased (Jan 1999). I believe that this is where the problem started.

By copy

P94-46719

Of the letter, I am requesting that you please reinstate my corporation.

I also received a letter that my FICTITIOUS NAME is also on hold.

I'm SORRY FOR THE CONFUSION, but I thought that I GAVE YOU THE INFO. YOU REQUESTED. THINGS HAVE BEEN IN DISARRAY SINCE THE DEATH OF MR. QUEEN

THANK YOU
Allen Rose

D.S. ENCLOSED IS CHECK FOR 150⁰⁰
INTANGIBLE TAX FOR 1999 pd.

1-12-00