

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

2603 OCEAN AVE.
RIVIERA BEACH FL 33404

Mailing Address

2603 OCEAN AVE.
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1994

5. FEI Number

65-0500450

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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

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

Allen S. Rose
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:

Allen S. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00

561-8401812

CR2E040 (8/99)

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TO: WHOM 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 Lang 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

THANKYOU

Allen Rose

D.S. ENCLOSED IS CHECK FOR 150⁰⁰

INTANGIBLE TAX FOR 1999 pd.

1-12-00