PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR -3 P 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000071520

1. Corporation Name

LAU ENTERPRISE, INC.

P94000071520

2. Principal Office Address		3. Mailing Office Address	
1410 NW 23 ST		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami FL		City & State	
Zip: 33142	Country: DADE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/28/94

5. FEI Number: 65-0524571 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: PEDRO W. LAU

Street Address (P.O. Box Number is Not Acceptable): 1410 NW 23 ST.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33142

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: Pedro Lau Date:

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/D	LAU, Pedro W.	1410 NW 23 ST	Miami, FL. 33142

REINSTATEMENT
08-10-98

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: Pedro Lau 2/24/2010 (305) 400-8649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P94000071520 852b

February 24, 2010

FL DPT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

LAU ENTERPRISE, INC
1410 NW 23RD STREET
MIAMI, FLORIDA 33142

To whom it may concern:

Hereby, this letter is to request to please waive the reinstatement penalty since I had never received your notice.

If you have further question do not hesitate to contact me at the above address

Respectfully,

Pedro Lau

Pedro Lau
President

Please Image