

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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03/02/10--01033--012 **450.00

DOCUMENT # P94000071520

1. Corporation Name

LAU Enterprise, Inc.

P94000071520

2. Principal Office Address

1410 NW 23 ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33142

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/94

5. FEI Number

65-0524571

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

IF YES, attach and submit separate
certificate of status of the corporation

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 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Pedro Lau

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2010

Date

(305) 400-8679

Daytime Phone #

P94000071520

B5212

February 24, 2010

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

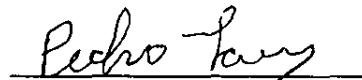
LAU ENTERPRISE, INC
1410 NW 23RD STREET
MIAMI, FLORIDA 33142

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
President

Please Image