

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 21 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081489

1. Corporation Name

LAGOA FUNDA, INC.

2. Principal Office Address

150 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 1270

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

3. Mailing Office Address

150 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 1270

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

65-0542051

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAWRENCE S. EVANS

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

150 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 1270

City

CORAL GABLES

700003782467-2

02/27/01-01061-022

***1358.75 ***1358.75

State

FL

Zip Code

33134

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

Date 2/14/01

REGISTERED AGENT MUST SIGN

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
D	ROSEMARI GOTTSCHALK	150 ALHAMBRA CIRCLE#1270 CORAL GABLES, FL. 33134	CORAL GABLES, FL. 33134
P/T/S	ROSEMARI GOTTSCHALK	150 ALHAMBRA CIRCLE #1270	CORAL GABLES, FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/01

Date

Daytime Phone #

CR2E081 (9/99)