
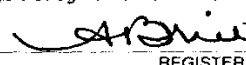



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000047235		FILED 99 JUL -7 PM 3:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name LAFCO AMERICAS INC.		REINSTATEMENT 98-99	
Principal Place of Business 9020 NW 12 Street Miami, FL 33172		Mailing Address	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Date Incorporated or Qualified To Do Business in Florida 6-15-95		5. FEI Number 65-0641638	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		8. Name and Address of Current Registered Agent	
Title(s)		Name of Officers and/or Directors	
1		2	
3		4	
P & D		Jorge A. Soberon	
10441 SW 64 Street		Miami, FL 33173	
600002925626-4		07/07/99-01084-001	
9. Name and Address of New Registered Agent		State Zip Code	
Name Aida E. Briele, CPA		FL 33134	
Street Address (P.O. Box Number is Not Acceptable) 2701 LeJeune Road		City Coral Gables	
Suite, Apt. #, Etc. Suite 300		State Zip Code FL 33134	
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 		Date 6-17-99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Date 6-21-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-592-6878	

CR2E081 (12/98)