

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000086065**

1. Corporation Name

LAO & SON ASSOCIATES, INC.

Principal Place of Business

15520 S.W. 209 AVENUE
MIAMI FL 33187

Mailing Address

15520 S.W. 209 AVENUE
MIAMI FL 33187

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

11/08/1995

5. FEI Number

65-0680909

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	AQUILERA, WENCESLAO	15520 S.W. 209TH AVENUE	MIAMI FL 33187
SD	AQUILERA, WENCESLAO SR	15520 S.W. 209TH AVENUE	MIAMI FL 33187
TD	AQUILERA, WENCESLAO	15520 S.W. 209TH AVENUE	MIAMI FL 33187
VD	AQUILERA, CARLOS	15520 S.W. 209TH AVENUE	MIAMI FL 33187

8. Name and Address of Current Registered Agent

~~AQUILERA, MICELDA~~
~~15520 S.W. 209TH AVE.~~
~~MIAMI FL 33187~~

9. Name and Address of New Registered Agent

Name Wenceslao Aguilera
Street Address (P.O. Box Number is Not Acceptable)
15520 Sw. 209 th Ave.
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33187

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. or 617.0505, F.S.

Signature of
Registered Agent

Wenceslao Aguilera
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-11-02

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)(f), 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:

Wenceslao Aguilera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11-11-02 Daytime Phone # 305 (251) 4806