

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 29 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000007282

1. Corporation Name

The Lara Company of Miami, Inc.

2. Principal Office Address

6619 South Dixie Hwy

Suite, Apt. #, etc.

No. 329

City & State

Miami

Zip

FL

Country

33143

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1997

5. FEI Number

65-0783894

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

Chantal De Vos

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

2881 East Oakland Park Boulevard

Suite, Apt. #, Etc.

Third Floor

City

Fort Lauderdale

State

FL

Zip Code

33306

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

01/02/04

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
P	Wilfred R. Lara	6619 S. Dixie Hwy, No. 329	Miami, FL 33143

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:

Wilfred R. Lara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/04

Date

(305) 609-9792

Daytime Phone #

CR2E081 (1/02)

THE LARA COMPANY OF MIAMI, INC.

6619 SOUTH DIXIE HIGHWAY

No. 329

MIAMI, FL 33143

TEL: 305-609-9792

January 21, 2004

Department of State
Division of Corporations
Reinstatement Department
P.O. Box-6327
Tallahassee, FL 32314

Re: The Lara Company of Miami, Inc.
Document No. P96000007282
Request for Waiver of Reinstatement Fee

To whom it may concern:

Pursuant to my conversation this date with your office, this letter shall serve as request for a waiver of the reinstatement fee for the above referenced corporation. This corporation was previously registered at my home office located at 8475 SW 58th Street, Miami, FL 33143. Inasmuch as I am in the middle of a divorce and no longer reside or conduct business at this address, I never received the renewal documents, nor do I know that these documents were received at this address.

I have enclosed the corporation reinstatement along with a company check in the amount of \$300.00 made payable to the Department of State.

Thank you for your consideration in this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,



Wilfred Lara

Enclosures