

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000009521

1. Corporation Name

L & A PARTNERS, INC.

Principal Place of Business

7512 DR. PHILLIPS BLVD.
SUITE 127
ORLANDO FL 32819
US

Mailing Address

8169 DIAMOND COVE CIRCLE
ORLANDO FL 32836
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3501 W Vine Street
Suite, Apt. #, etc.

Suite 349

Kissimmee FL

Zip 34741
Country USA

3. New Mailing Office Address, If Applicable

3501 W Vine Street
Suite, Apt. #, etc.

Suite 349

Kissimmee FL

Zip 34741
Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1996

5. FEI Number

59-3365857

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	LEMMERS, RICARDO	8169 DIAMOND COVE CIR	ORLANDO FL 32836

8. Name and Address of Current Registered Agent

FERREIRA, LUIZ A
8169 DIAMOND COVE CIR
ORLANDO FL-32836

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/01

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)(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]

Ricardo Lemmers

10/15/01

407.492-7716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV 26 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)