

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

OCT 17 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019150

1. Corporation Name

L.A. HARDWARE, INC.

Principal Place of Business

Mailing Address

2795 COLLINS AVE  
MIAMI BEACH FL 33140  
US

2795 COLLINS AVE  
MIAMI BEACH FL 33140  
US

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

Zip

Country

REINSTATEMENT

03/01/1996

5. FEI Number

65-0647460

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
D	DOVAL, GRECIANO	2939 INDIAN CREEK DR. APT. 401	MIAMI BEACH FL 33140
0/o	Doval, Richard	300 So. Pointe Drive # 806	Miami Beach, FL. 33139
			300004658213--3 -10/29/01-0106-013 ****750.00 L.S.****750.00

8. Name and Address of Current Registered Agent

DE LA CAL, MARCO ESQ.  
999 PONCE DE LEON BLVD  
#920  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Richard Doval

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

300 So. Pointe Drive

Suite, Apt. #, Etc.

# 806

City

Miami Beach

State

FL

Zip Code

33139

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 REQUIRED  
Richard Doval

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 REQUIRED  
Richard Doval  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 305-538-9205