PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98-99 REINSTATEMENT

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

FILED
99 MAY 14 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063276

1. Corporation Name

LALA ENTERPRISES INC

Principal Place of Business	Mailing Address
2600 HAVENDALE BLVD WINTER HAVEN FL-33881	3560 USHWY 17 N WINTER HAVEN FL-33880

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

REINSTATEMENT 98 Qtr 2nd 5/14/99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	3560 USHWY 17 N Suite, Apt. #, etc
City & State	WINTER HAVEN FL City & State
Zip / Country	33880 / POLK Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3392573

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	PRAVINKUMAR V PATEL	3560 USHWY 17 N	WINTER HAVEN FL 33880
VD	SUBHADRABEN PATEL	3560 USHWY 17 N	WINTER HAVEN, FL 33880

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-05725/99--01084--018
****900.00 ****900.00

8. Name and Address of Current Registered Agent

PRAVINKUMAR V PATEL
3560 USHWY 17 N
WINTER HAVEN
FL-33880

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

CR2E081 (12/98)

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 Pravin Patel
REGISTERED AGENT MUST SIGN

Date 4-27-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(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: Pravin Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99
Date

941-293-1849
Daytime Phone #