

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P910000073564*

1 Corporation Name

La Coquette, Inc.

FILED

98 AUG 14 PM 3:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2500 South Miami Ave.
Miami, FL 33129**

Mailing Address

**2500 South Miami Ave.
Miami, FL 33129**

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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
9/4/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0708406

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/S/D	Lily Saenz	2500 S. Miami Ave.	Miami, FL 33129
VP/D	Gustavo Saenz, Jr.	2500 S. Miami Ave.	Miami, FL 33129
VP/D	Veronica Hoeflinger	2500 S. Miami Ave.	Miami, FL 33129
VP/D	Alexandra Saenz	2500 S. Miami Ave.	Miami, FL 33129

8. Name and Address of Current Registered Agent

**Robert S. Geiger, Registered Agent
1428 Brickell Avenue
Miami, FL 33131**

9. Name and Address of New Registered Agent

Name

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

800002619678-4

Suite, Apt. #, Etc.

-08/19/98--01032--002

City

******900.00 ***900.00**

FL

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

REGISTERED AGENT MUST SIGN

Date

8/13/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Lily Saenz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lily Saenz, President

8/13/98 (305) 372-5000
Date Daytime Phone #

CR2E040 (12/96)