

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUL -8 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103101

1. Corporation Name

LAURA, INC.

2. Principal Office Address - No P.O. Box #

45 ST. CLAIR AVE WEST

3. Mailing Office Address

45 ST CLAIR AVE WEST

Suite, Apt. #, etc.

SUITE 1001

Suite, Apt. #, etc.

SUITE 1001

City & State

TORONTO, ONTARIO

City & State

TORONTO, ONTARIO

Zip

M4V 1K9

Country

CANADA

Zip

M4V 1K9

Country

CANADA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/96

5. FEI Number
593418919

☐ 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

LAWRENCE A. SAICHEK, ESQ.

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

601 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.

SUITE 505

City

MIAMI

State

FL

Zip Code

33131

07/08/11--01013--013 **1200.00
900209761729
07/08/11--01013--013 **1200.00

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

REGISTERED AGENT MUST SIGN

Date

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	ALAN SCHWARTZ	36 SUNNYSIDE	WESTMOUNT, QUEBEC, CANADA, H3Y 1C2

REINSTATEMENT 08-11

10. E-mail Address: LASLAW18@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-577-3902