

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000006447

1. Corporation Name

LA PROVENCE, INC.

Principal Place of Business

Mailing Address

1627 COLLINS AVENUE
MIAMI BEACH FL 33139
US

C/O BEDZOW KORN AND KAN
20803 BISCAYNE BLVD, STE 200
AVENTURA FL 33180

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
1627 COLLINS AVE

Suite, Apt. #, etc.

ABOVE

Suite, Apt. #, etc.

City & State

City & State

MIA Bch FL

Zip

Country

Zip

Country

33139

PADE

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1997

5. FEI Number

65-0733629

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	THAU, DAVID	20803 BISCAYNE BLVD, STE 200	AVENTURA FL 33180
		1627 COLLINS AVE	MIA Bch FL 33139
			900004717129--4
			-12/10/01--01098--015
			*****150.00 *****150.00

8. Name and Address of Current Registered Agent

BEDZOW, MICHAEL
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name RICHARD A CAHLIN
Street Address (P.O. Box Number is Not Acceptable)
20590 WEST DIXIE HWY
Suite, Apt. #, Etc.
City NO MIA Bch State FL Zip Code 33180

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 of Richard A. Cahl

Date

11-5-01

REGISTERED AGENT MUST SIGN

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:

DAVID THAU - Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-01

CR2ED40 (8/01)

2062

GROUPE PACIFIC

20803 Biscayne Blvd. - Suite 200
Aventura, Florida 33180
305-891-7987 or Fax 305-891-6854

November 5, 2001

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: La Provence Inc.
Document No.: P97000006447

Dear Sir or Madam:

Please be advised that the firm of Bedzow, Korn, Brown, Miller & Zemel, P.A. was dissolved nearly a year ago. A Notice to Dissolve for failure to file annual report for the above company was forwarded by the Division of Corporation to the Bedzow, Korn address and ultimately did not reach La Provence until the dissolution was already in effect. La Provence wishes to reinstate and request that the \$600.00 penalty be waived due to the foregoing.

Please contact me if you have any questions.

Sincerely,

MICHAEL BEDZOW
President