

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # P97000009936

1. Corporation Name

LAPIS, INC.

Principal Place of Business

2699 South Bayshore Dr.  
Suite 500  
Miami, FL 33133

Mailing Address

2699 South Bayshore Dr.  
Suite 500  
Miami, FL 33133

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

01/31/97

5. FEI Number

65-0739503

SP

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
P	Boris V. Marchegiani	888 Brickell Key Dr., Ste. 2606 Miami, Florida 33131	

500003181225--3  
-03/23/00--01019--020  
\*\*\*1058.75 \*\*\*1058.75

8. Name and Address of Current Registered Agent

Amadeo Lopez-Castro, III  
901 Ponce de Leon Blvd., Ste. 304  
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name

Miguel G. Farra, Esq.  
Street Address (P.O. Box Number is Not Acceptable)

2699 So. Bayshore Dr.,

Suite, Apt. #, Etc.

Suite 500

City

Miami

State

FL

Zip Code

33133

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

3/10/2000

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

*Boris V. Marchegiani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boris V. Marchegiani, President

Date

Daytime Phone #