

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

03 MAR 17 PM 2:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000013429**

1. Corporation Name

LA ROUGE TOWERS INC.

Principal Place of Business Mailing Address

~~700 NW 42ND AVE SUITE 519 MIAMI FL 33126~~ ~~700 NW 42ND AVE SUITE 519 MIAMI FL 33126~~

P.O. Box 161092 MIAMI FL 33166



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

2. New Principal Office Address, If Applicable **P.O. Box 161092**
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable ~~SAME~~ **P.O. Box 161092**
 Suite, Apt. #, etc.

City & State **MIAMI FL** City & State **MIAMI FL**

Zip **33166** Country **US** Zip **33166** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida **02/11/1997**

5. FEI Number **65-0739043** 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)

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
PD	VELASCO, CARLA L	7000 BENTLEY AVENUE 5800 SW 177 AVE	MIAMI FL 33154 MIAMI FL 33196
VSD	PILGRIM, OSCAR V	7000 BENTLEY AVENUE 5800 SW 177 AVE	MIAMI FL 33154 MIAMI FL 33196

NOTE: LAST YEAR WE PAID \$150.00 OF THE REINSTATEMENT FEES

\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PILGRIM, OSCAR V 700 NW 42ND AVE SUITE 519 MIAMI FL 33126	OSCAR V. PILGRIM Street Address (P.O. Box Number is Not Acceptable) 5800 SW 177 AVE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33196
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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

Oscar Pilgrim
 REGISTERED AGENT MUST SIGN

Date **03/16/99**

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar Pilgrim

03/16/99 3052451040

CR2E040 (9-98)