

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1023

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 12 AM 8:00

DOCUMENT # P97000017225

1. Corporation Name

LA VIANNROSE, INC.

Principal Place of Business

10123 WOODSONG W AY
TAMPA FL 33618
US

Mailing Address

10123 WOODSONG W AY
TAMPA FL 33618
US



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

REINSTATEMENT 03 MRS

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3472536

Applied For

City & State

City & State

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| DP | GUZMAN, ROBERT R | 10123 WOODSONG W AY | TAMPA FL 33618 |
| VP | GUZMAN, VIANN R | 10123 WOODSONG W AY | TAMPA FL 33618 |
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| | | | |
| | | | |

500024064655
10/24/03--01014--013 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUZMAN, ROBERT R
10123 WOODSONG W AY
TAMPA FL 33618

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert R Guzman
Viann R Guzman
REGISTERED AGENT MUST SIGN

Date

11/7/03
10/10/03

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)(l), 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

Robert R Guzman
Viann R Guzman

11/7/03
10/10/03

813-657-089
(813)601-7419

Date

Daytime Phone #

CR2E040 (7/03)

10-10-03

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Sa Viann Rose, Inc.

To Whom It May Concern:

I would like to ask for consideration in refunding the reinstatement fee for this corporation. The reason is personal hardship.

I will truthfully tell you that I did not receive notice in January. I did receive the UBR notice in July, by this time life had become very complicated in my world. I work two jobs, my husband in running a business. I try to help him with the paperwork, but his mother and my mother both come down with life threatening situations and we are still dealing with the healing process. My father in law passed away a couple of years ago and my mother in law has been in our care ever since. I'm working two jobs, taking care of both moms, and trying to care for my three children a

(2)

393

house and a business.

I know that I am at fault for what has happened, but I ask for some compassion. Life sometimes gets in the way of rules.

I have had to find a way to pay the seven hundred fifty dollars. This money puts a real strain on my finances. Please make an exception in my case.

I thank you,

Vicente R. Cruz