

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -5 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97000076877(4)**

1. Corporation Name

LA CALECHE, INC.

2. Principal Office Address

6096 W. OAKLAND PK BLVD.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip

33313

Country

BROWARD

3. Mailing Office Address

6096 W. OAKLAND PK BLVD.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip

33313

Country

BROWARD

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-97

5. FEI Number

65-0773358

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

KURT DAHLKE

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

6096 W. OAKLAND PK. BLVD.

Suite, Apt. #, Etc.

City

LAUDERHILL FL

State
FL

Zip Code

33313

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

Kurt Dahlke

REGISTERED AGENT MUST SIGN

Date

4-2-01

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	JACQUES PHILIPPE	6096 W. OAKLAND PK BLVD	LAUDERHILL FL 33313
m	KURT DAHLKE	6096 W. OAKLAND PK BLVD	LAUDERHILL FL 33313

10. 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:

Kurt DAHLKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
Date

954 572-3961
Daytime Phone #

CR2E081 (9/00)