

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000084162

1. Corporation Name

L SQUARED COMMUNICATIONS INC.

Principal Place of Business

1498 JEFFERSON AVE. SUITE #202  
MIAMI FL 33139

Mailing Address

1498 JEFFERSON AVE. SUITE #202  
MIAMI FL 33139



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

1210 NE 82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI FLORIDA

Zip

Country

Zip

33138

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1997

5. FEI Number

☒ 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	LANGLOIS, JEAN-LUC	1498 JEFFERSON AVE, SUITE #202	MIAMI FL 33139
P	LANGLOIS, JEAN-LUC	1210 NE 82 ST	MIAMI FL 33138

REINSTATEMENT 98-99

SL  
1-27-99

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-02/09/99--01071--009

\*\*\*800.00\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANGLOIS, JEAN-LUC  
1498 JEFFERSON AVE, SUITE #202  
MIAMI FL 33139

Name  
LANGLOIS JEAN-LUC

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

1210 NE 82 STREET

Suite, Apt. #, Etc

1

City  
MIAMI

State  
FL

Zip Code  
33138

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

1-1-99

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

JEAN-LUC LANGLOIS

Date

Daytime Phone #

1-1-99 (357) 754-0154