

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 # P97000091778

1. Corporation Name

LALO ENTERPRISES CORPORATION

Principal Place of Business

10850 N.W. 2ND STREET, #305  
PEMBROKE PINES FL 33025

Mailing Address

10850 N.W. 2ND STREET, #305  
PEMBROKE PINES FL 33025

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

Suite, Apt. #, etc.

5555 North Ocean Blvd

Suite, Apt. #, etc.

5555 North Ocean Blvd #20

City & State

Ft. Lauderdale, FL #20

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	DIEGUEZ, MARIA ELENA	10850 N.W. 2ND STREET, #305	PEMBROKE PINES FL 33025
			100002735871--1 -01/11/99--01009--013 *****8.75 *****8.75
			100002735871--1 -01/11/99--01009--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LOPEZ, ALDIS ROIG ESQ.  
7745 S.W. 138TH TERRACE  
MIAMI FL 33158

9. Name and Address of New Registered Agent

Name

Mildred Carrasquillo

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

9405 NW 41st St

Suite, Apt. #, Etc.

First Floor

City

Miami

State

FL

Zip Code

33173

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

Mildred Carrasquillo

REGISTERED AGENT MUST SIGN

Date

12/29/98

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:

Maria Elena Dieguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/98  
Date

(954) 943-9770  
Daytime Phone #

APPROVED  
AND  
FILED

98 DEC 31 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

08

4. Date Incorporated or Qualified To Do Business in Florida	10/24/1997
5. FEI Number	65-0790792
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

CR2040 (9/98)