

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 19 PM 1:19

DOCUMENT # **P97.000099162**

1. Corporation Name

LAREDO INC

2. Principal Office Address - No P.O. Box #

8984-8986 TAFT ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

Zip

33026

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-1997

5. FEI Number

45-0798686

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

JOSE MARCIAL GOMEZ

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

115 N. 31ST AVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Jose Marcial Gomez

REGISTERED AGENT MUST SIGN

Date **5/15/10**

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	JOSE MANUEL CHAVEZ	14362 N ROYAL COVE CIR.	DAVIE FL. 33325

10. E-mail Address: **TAXJOSE@AOL.COM.**

(To be used for future annual report notification)

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. I further certify 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: ☒

Jose Manuel Chavez

JOSE MANUEL CHAVEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/10 954-450-0866

Date

Daytime Phone #