

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 FEB 15 AM 9:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000104967**

1. Corporation Name

**LAVA ROCKS, INC.**

Principal Place of Business

Mailing Address

3163 N.W. 93RD ST.  
 MIAMI FL 33147

3163 N.W. 93RD ST.  
 MIAMI-FL 33147

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

4. Date Incorporated or Qualified To Do Business in Florida

12/15/1997

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0822681

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	LAVERAUX, MATTHEW	3163 N.W. 93RD ST.	MIAMI FL 33147
			200003145392--9 -02/23/00--01107--011 ****400.00 ****400.00
			500003145395--9 -02/23/00--01107--012 ****400.00 ****400.00
			900003145399--7 -02/23/00--01107--013 ****100.00 ****100.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAVERAUX, MATTHEW  
 3163 N.W. 93RD ST.  
 MIAMI FL 33147

Name: MATTHEW LAVERAUX  
 Street Address (P.O. Box Number is Not Acceptable): 3163 N.W. 93RD  
 Suite, Apt. # Etc.:  
 City: Miami State: FL Zip Code: 33147

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: SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date: 12/23/99

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)(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 REQUIRED MATTHEW LAVERAUX  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/23/99 Daytime Phone #: 5640457

CR2E040 (8/99)