

PLEASE READ ALL INSTRUCTIONS

COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF
Katherine Morris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P-98000043262**

1. Corporation Name **LAOS GROUP, INC.**

FILED

99 DEC -9 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**977 Palm Ave. (Same)
Hialeah, FL 33010**

REINSTATEMENT

99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable **977 Palm Ave.**
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable **977 Palm Ave.**
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **05-13-1998**

City & State **Hialeah FL**
Zip **33010**

City & State **Hialeah FL**
Zip **33010**

5. FEI Number **65-0851313**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	CUAN JORGE YI	977 Palm Ave.	Hialeah, FL 33010

600003078276--1
-12/22/99--01077--012
*******750.00 *****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUAN JORGE YI
977 Palm Ave.
Hialeah FL 33010

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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]** REGISTERED AGENT MUST SIGN

Date **12/2/99**

11. This corporation owes 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/99
Date

(305) 883-5239
Daytime Phone #

KE

CP25001 (12/98)