

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 29 AM 9:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P-98000043262
1. Corporation Name LAO'S GROUP INC

2. Principal Office Address 977 Palm Avenue
Suite, Apt. #, etc.
City & State Hiialeah, Florida
Zip 33010 Country m. Dade
3. Mailing Office Address 977 Palm Avenue
Suite, Apt. #, etc.
City & State Hiialeah, Florida
Zip 33010 Country m. Dade

REINSTATEMENT 2880
4. Date Incorporated or Qualified To Do Business in Florida 05-13-1998
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. Name and Address of Current Registered Agent
Name COAN Jorge Yi 600003654286
Street Address (P.O. Box Number is Not Acceptable) 977 Palm Avenue -02706701--01079--019
Suite, Apt. #, Etc. ****750.00 ****750.00
City Hiialeah State FL Zip Code 33010

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 Jorge REGISTERED AGENT MUST SIGN Date 1-23-01

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
<u>PLD</u>	<u>COAN Jorge Yi</u>	<u>977 Palm Ave.</u>	<u>Hiialeah, Fl. 33010</u>

10. 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. **KE**
SIGNATURE: Jorge 1-23-01 (305) 883-5239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)