

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068037

1. Corporation Name

LAFFI, INC Corp

W02-30845

2. Principal Office Address

1259 S. Pine Island Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1259 S. Pine Island Rd

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL 33324

Zip

33324

Country

Broward

Zip

33324

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/98

5. FEI Number

65-0854859

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

Sherry A DUPriest

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

1259 S. Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

33324

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/4/02

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
pres	Dorothy Snyder	7513 FAIRFAX DR BUILD H TAMARAC FL 33321	TAMARAC FL 33321
pres	Louis Snyder	7513 FAIRFAX DR BUILD H	TAMARAC FL 33321
vice pres	Paula Brettler	10521 NW 57th Ct	CORAL SPRING FL 33076
pres.	Janet Berman	585681 Thristledown	DAVIE FL 33331
sec	Sherry A DUPriest	11210 Rockinghorse Rd	COOPER CITY FL 33026

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/02

Daytime Phone #

954 382

5244

CRZE081 (9/01)




Knight Insurance

To who it may concern;

As per our discussion please do not charge the reinstatement fee as we did not receive the 2000 report. The address was never change as per requested from our attorney, from the attorney to our office.

Thank you


Sherry A. Dupriest