

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 25 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

02-07

P98000073089

1. Corporation Name

LADY LARA ENTERPRISES

2. Principal Office Address

4000 EASTRIDGE CR.

Suite, Apt. #, etc.

3. Mailing Office Address

4000 EASTRIDGE CR.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0859160

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

AMANDA SANTOS

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

3941 NW 9th AVE

Suite, Apt. #, Etc.

103

City

POMPANO BEACH

State

FL

Zip Code

33064

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

A. Santos

REGISTERED AGENT MUST SIGN

Date 07/22/03

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
PRESIDENT	ONOFRE C. NETO	4000 EASTRIDGE CR	POMPANO BEACH FL 33064

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

07-22-03

Date

954-6848032

Daytime Phone #

CR2E081 (10/02)

7/22/03

07-22-03

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL

RE: REINSTATEMENT FOR
LADY LARA ENTERPRISES, INC.

DEAR DEPARTMENT OF STATE :

I HAVE COME FORTH TO ASK THE
REINSTATEMENT OF THE CORPORATION
LADY LARA ENTERPRISES INC. I WOULD
LIKE TO INFORM YOU THAT WE HAVE
NOT RECEIVED THE ANNUALY FORM,
BECAUSE IN THE LAST TWO YEARS
WE HAD TWO NEW ADDRESSES AND
FAILED TO INFORM YOU.

ENCLOSED MONEY ORDER OF \$ 300.00
AND THE FORM APPLICATION OF THE
REINSTATEMENT.

THANK YOU FOR YOUR UNDERSTANDING.

SINCERELY,

