PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 27 AM 9:33

DOCUMENT # P98000043911

1. Corporation Name
LA BRIMOR, INC.

Principal Place of Business
3320 NE 33rd Street
Ft LAUDERDALE, FL 33308

Mailing Address
3320 NE 33rd Street
Ft LAUD., FL. 33308

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

2. New Principal Office Address, If Applicable
2775 E. Oakland Park Blvd
Suite, Apt. #, etc.
City & State
Ft LAUDERDALE, FL
Zip 33306 Country USA

3. New Mailing Office Address, If Applicable
2775 E. Oakland Park Blvd
Suite, Apt. #, etc.
City & State
Ft LAUDERDALE, FL.
Zip 33306 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08-24-98

5. FEI Number 65-0859493 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)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P LAVAIL DAVID	540 NE 7th Ave.	Ft LAUDERDALE, FL. 33301

900003035899--9
-11/05/99--01013--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent
LAVAIL DAVID
3320 N.E. 33rd Street
Ft. LAUDERDALE, FL. 33308

9. Name and Address of New Registered Agent
Name LAVAIL DAVID
Street Address (P.O. Box Number is Not Acceptable) 540 NE 7th Ave.
Suite, Apt. #, Etc.
City Ft LAUDERDALE State FL Zip Code 33301

CH2E081 (12/98)

10. I hereby accept the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 10/22/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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 the 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: _____ 10/22/99 (954) 565-9065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #