

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 20 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000001434**

1. Corporation Name

LAURA'S GLASSY CANINES, INC

800007982338--3

-09/24/02--01042--019

****450.00 ****450.00

2. Principal Office Address

3. Mailing Office Address

8520 W. STATE RD 84 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

Zip

Country

Zip

Country

33324 Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0884141

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

LAURA SZALVA

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

10463 S.W. 16th Manor

Suite, Apt. #, Etc.

City

DAVIE, FL

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 | Laura Szalva | 8520 W. Sted 84 Davie FL | Davie FL 33324 |
| | | | |
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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

Laura Szalva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/9/02

Daytime Phone #

954 474 4471

CR2E081 (9/01)

9/9/02

Louis John Claps, C.P.A. & Associate, P.A.
Certified Public Accountant
1381 N.W. 127 Drive
Sunrise, Florida 33323

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Sunrise, FL 33345

August 28, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327

~~Tallahassee, Florida 32314~~

re: Laura's Classy Canines, Inc.
Reinstatement

Dear Sir or Madam:

With regard to the above captioned Corporation and attached Application for Corporation Reinstatement please be advised that in the year of dissolution, both the Corporation and the Corporation's sole shareholder and registered agent relocated each with new mailing addresses.

The corporation's sole shareholder and registered agent, Laura Szalva, was unaware of the annual report filing requirement, not knowing that the corporation was administratively dissolved until told so by her banker. She did not receive the annual report form from the Department of State in the year of dissolution.

The Corporation and its shareholder respectfully request waiver of the \$ 600.00 reinstatement fee due to the above circumstances. Enclosed please find a check in the amount of \$ 450.00 for filing fee for the years required to reinstate.

Thank you for your assistance and cooperation in this matter.

Sincerely,


Louis John Claps, C.P.A.