1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 23 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050629

1. Corporate Name: The LASALA GROUP

400162894784
11/17/09--01037--011 **1800.00

CR2E081 (10/09)

2. Principal Office Address: No P.O. Box
225 North 26 Ave
Suite, Apt. #, etc.
Hollywood, Florida
City
33020 Broward
Zip County

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
SAME
City & State
SAME
Zip County

4. Date Incorporated or Qualified To Do Business in Florida: 6/1/99

5. FEI Number: 65-0934624 ☐ 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: JAIME LASALA
Street Address (P.O. Box Number is Not Acceptable): 225 North 26 Avenue
Suite, Apt. #, Etc.
City: Hollywood
State: FL
Zip Code: 33020

☑ The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices. By checking this box, you are certifying the prior notices were not recieved and requesting the reinstatement fee be waived

8. I hereby appointed the registered agent of the above named corporation to familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent: Jaime Z Lasala — REGISTERED AGENT MUST SIGN — Date: 11/9/09

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 | JAIME LASALA | 225 North 26 Ave | Hollywood, FL 33020 |
| | | | |
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REINSTATEMENT 09

10. E-mail Address: JALASource@bellsouth.net
(To receive notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: Jaime Z Lasala — 11/9/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#

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I, JAIME LASALA HAVE NO INTENTION OF REVOKING THE VOLUNTARY DISSOLUTION OF THE LASALA GROUP DOC # P08000010090 THEREFORE I AM RELEASING THE NAME THE LASALA GROUP

ON THE 20th OF NOVEMBER 2009 JAIME LASALA APPEARED BEFORE ME AND SIGNED. HE WAS IDENTIFIED BY HIS FLORIDA DRIVERS LICENSE.

JEREMY K. CRAW
Notary Public - State of Florida
My Comm. Expires Mar 11, 2012
Commission # DD 888047