

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 10 PM 3:50

DOCUMENT # P99000084059

1. Corporation Name

LAGUERRE ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #
1200 Brickell Bay Drive

3. Mailing Office Address
1200 Brickell Bay Drive

Suite, Apt. #, etc.
#2704

Suite, Apt. #, etc.
#2704

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country

Zip
33131

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 09/20/1999

5. FEI Number

☐ 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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor

City
Miami

State
FL

Zip Code
33145

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

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.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent By:

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date

10-8-07

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
PSD	Charles, Frantz	1200 Brickell Bay Drive, #2704	Miami, Florida 33131

REINSTATEMENT

10/10/07

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10/18/07--01019--012 **1200.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #