PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 11 PH 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095293

1 Corporation Name

Lara Pinta, In

REINSTATEMENT 01-03
0000122237910
02/11/03--;-01003--029 **1058.75

2. Principal Office Address

1136 Scypher St. N.E.

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip	Country
32905	U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Indialantic, Florida

Zip	Country
32903	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida   Nov. 15, 1999

5. FEI Number   65-0959052

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   Marisela Morley

Street Address (P.O. Box Number is Not Acceptable)   1136 Scypher St. N.E.

Suite, Apt. #, Etc.

City   Palm Bay

State   FL

Zip Code   32905

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   02/05/03

CR2E081 (10/02)

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
D/S	Marisela Morley	1136 Scypher St. N.E.	Palm Bay Fl. 32905

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: _____   Marisela Morley   02/05/03   (321)795-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #