


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION OR REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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FILED

02 MAY -7 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097362

1. Corporation Name

LANIN, INC.

Principal Place of Business

Mailing Address

1902 SW 124 PLACE
MIAMI FL 33175

1902 SW 124 PLACE
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1999

5. FEI Number

35-216 6895

Applied For

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVD	MARTINEZ, MARIO	1902 SW 124 PLACE	MIAMI FL 33175
STD	MARTINEZ, PABLO M	1902 SW 124 PLACE	MIAMI FL 33175

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, TONY
2699 COLLINS AVE STE 110
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/3/01

11. 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:

Pablo Martinez PABLO MARTINEZ Director 11/3/01 7868620200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/01)

October 26, 2001

Florida Dept of State
Division of Corporations
Annual Report Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

REC- UNIFORM-BUSINESS-REPORT-2001-DOC.#-P99000097362
LANIN INC

To whom it may concern:

I am in receipt of a notice of cancellation, I contacted your office to inform them that I had not received this Report in the mail or knew when it was supposed to be received. Another corporation is also register to this address and was not received either.

We've had our mailbox vandalized a couple of times and perhaps this was the reason for not getting those reports. Please accept my apologies for the late filing of the Report and now I am aware when to expect it as this should not happen again.

Enclosed please find the reinstatement form and fee I was told by your office to submit.

Thank you for your understanding in this matter.

Sincerely,


Tony Rodriguez
Register Agent