

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1052

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 MAY -7 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000097362**

1. Corporation Name
LANIN, INC.

Principal Place of Business 1902 SW 124 PLACE MIAMI FL 33175	Mailing Address 1902 SW 124 PLACE MIAMI FL 33175
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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

4. Date Incorporated or Qualified To Do Business in Florida 11/03/1999	
5. FEI Number 35-216 6895 APPLIED FOR	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVD	MARTINEZ, MARIO	1902 SW 124 PLACE	MIAMI FL 33175
STD	MARTINEZ, PABLO M	1902 SW 124 PLACE	MIAMI FL 33175
			300005554163--2 -05/16/02--01018--012 *****61.25 *****61.25

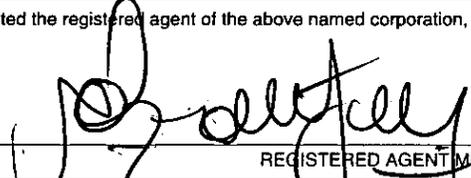
8. Name and Address of Current Registered Agent

RODRIGUEZ, TONY
2699 COLLINS AVE STE 110
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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

CR2E040 (8/01)

October 26, 2001

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

~~RE: UNIFORM BUSINESS REPORT 2001 DOC.# P99000097362~~
LANIN INC

To whom it may concern:

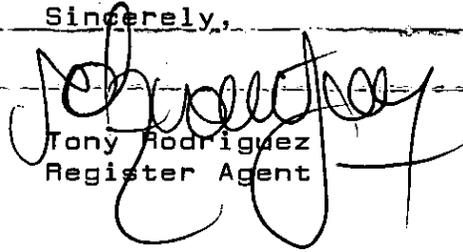
I am in receipt of a notice of cancellation, I contacted your office to inform them that I had not received this Report in the mail or knew when it was supposed to be received. Another corporation is also register to this address and was not received either.

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