

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *MAK182*

APPLICATION
FOR



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

FILED

00 OCT 24 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106970

1. Corporation Name

LAVA & WORLD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

560 S.W. 13TH STREET
BELLE GLADE FL 33430

POST OFFICE BOX 693
BELLE GLADE FL 33430



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0994951

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Lavette Carter-Mckenzie	P.O. Box 693	Belle Glade, FL 33430

600003457976
-11/09/00--01012--001
****150.00 ****150.00

DU4B2 178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENDALL, MAMIE W
141 S. MAIN STREET
SUITE 211
BELLE GLADE FL 33430

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00 (561) 996-3409
Date Daytime Phone #

Lavette Carter McKenzie
Post Office Box 693
Belle Glade, Florida 33430
Ph: 561-996-3409

October 18, 2000

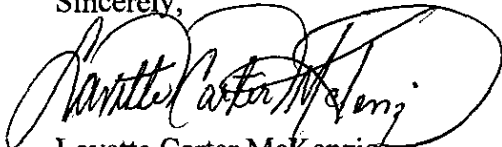
Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: Lava & World Enterprises, Inc.

Dear Sir or Madam:

Please find enclosed my application for Reinstatement in the amount of \$150.00. Please note that this corporation was incorporated December 10, 1999. The Notice of Reinstatement was my first notification to submit any filing fees. I did not receive any notification prior to September 2, 2000. I telephoned your office on October 17, 2000 and was advised to simply submit the \$150.00 and I would be reinstated.

Sincerely,



Lavette Carter McKenzie

Enclosure