

Nov 21 2002 10:58a

WALDORFTOWERSHOTEL

305 672 6836

P.2

NOV 20, 2002 3:31PM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO. 448 P.2/2

192

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jlm Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V15370

1. Corporation Name

LAKASTE, INC.

Principal Place of Business

860 OCEAN DR
MIAMI BEACH FL 33139

Mailing Address

860 OCEAN DR
MIAMI BEACH FL 33139

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

02/20/1992

5. FEI Number

65-0203893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
Upon 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
DP	STENSTROM, KARL	860 OCEAN DR.	MIAMI BEACH FL 33133
DT	DAVIDSSON, LARS	1 DEM.	MIAMI FL 33133

8. Name and Address of Current Registered Agent

WEIDER, NORMAN S
100 SE SECOND STREET
SUITE 3010
MIAMI FL 33131

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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)(f), 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 #

V15370

292

10/24/02

TO: DIVISION OF CORPORATIONS

MR. BUCK KOHR

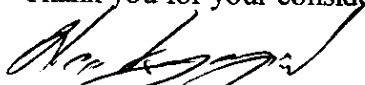
FR: WALDORF TOWERS LTD/LAKASTE INC

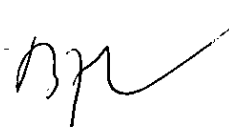
RE: 2002 UNIFORM REPORT FOR LAKASTE, INC

FILED
02 NOV 21 AM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please waive the late fee and reinstate fee for Lakaste Inc, we never received the 2002 uniform report.

Thank you for your consideration


Noi Kanjanapisal


FAX - 305 672-6836

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