142

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

200203

F10599

FILED

02 NOV 21 AM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15370

1. Corporation Name

LAKASTE, INC.

Principal Place of Business	Mailing Address
860 OCEAN DR MIAMI BEACH FL 33139	860 OCEAN DR MIAMI BEACH FL 33139

800009352568
12/04/02--01065--017 **150.00

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 ☐ $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
DP	STENSTROM, KARL	860 OCEAN DR.	MIAMI BEACH FL 33139
DT	DAVIDSSON, LARS	1 DEM.	MIAMI FL 33139

8. Name and Address of Current Registered Agent

WEIDER, NORMAN S
100 SE SECOND STREET
SUITE 3910
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: 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. or 617.0505, F.S.

Signature of Registered Agent _____ 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: _____ 11/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043(1/02)

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10/24/02

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

TO: DIVISION OF CORPORATIONS

MR. BUCK KOHR

FR: WALDORF TOWERS LTD/LAKASTE INC

RE: 2002 UNIFORM REPORT FOR LAKASTE,.INC

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

BK

FAX - 305 672-6836

305 532 5812