

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -4 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15533

1 Corporation Name

LARS GROUP, INC.

Principal Place of Business
190 CASUARINA CONOURSE
CORAL GABLES FL 33143

Mailing Address
190 CASUARINA CONOURSE
CORAL GABLES FL 33143



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

REINSTATEMENT *96*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		ONE S.E. THIRD AVE.		02/18/1992	
City & State		15TH FLOOR		5. FEI Number	
Zip		MIAMI, FL		65-0329049	
Country		Zip		Applied For	
		33131		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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DAVIDSSON LARS	190 CASUARINA CONOURSE	CORAL GABLES FL 33143

800002022308--9
-12/06/96--01063--017
****375.00 ****375.00

JB12-4-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WEIDER, NORMAN S 100 S E SECOND STREET SUITE 3910 MIAMI FL 33131		Name BARRY M. BRANT Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVE. Suite, Apt. #, Etc. 15TH FLOOR City MIAMI State FL Zip Code 33131	

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 *Barry Brant* REGISTERED AGENT MUST SIGN Date *11/27/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/96 *13052667-0494*
Date Daytime Phone #