PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICAT FOR	ION .	E READ /	FLORIC		RTMEN 3. Mort ry of S	IT OF STATE ham late		MG THIS FC			
DOCUMENT # V41261								50 FILED				
1 Corporation Name							99 NOV 15 PM 2: 18					
LAURIE'S OF BOCA RATON, INC.								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Pi	SS		Mailing Add					: Bi āš t 24818 SIBT S BITS LIBO	Albu Allu Allu Ala	d 21811 Kesti 1861		
3197 FEDERAL HWY. BOCA RATON FL 33431 US				3197 FEDERAL HNY. BOCA RATON FL 33431 US								
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 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				Suite, Apt. #, etc.				5. FEI Number		06/04/19	7	
City & State				City & State				5. FEI Number Applied For Not Applied For Not Applicable				
Žip —	Z ip Country			Zip Country				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad		ach Officer and/ e of Officers									
Title(s)	2	and/or Directors				Off	et Address of Each cer and/or Director Post Office Box N	r City / State / Zip				
DP	AARON, LAURIE				3197 N FED HWY			BOCA RATON FL				
								30		53383 301069- .00 ****	37 012 900.00	
	9 Non	a and Add	race of Current	Dagletogod Ad	nont.			O Name and	<u> </u>			
Name and Address of Current Registered Agent Name									9. Name and Address of New Registered Agent			
								P.O. Box Number is Not Acceptable)				
6100 GLADES ROAD SUITE 201						Suite, Apt. #, Etc.						
BOCA RATON FL 33434						City			State Zip Code			
10. I, being	,	e registered	agent of the aba	XXI	poration, am i	familiar wi	th and accept the c	obligations of Sect	ion 607.0505, F.S.	FL 	ia	
Régistered	1 Agent		- / - R	GENERALD A	GENT MUST	SIGN			Date	11119	7	
			owes or h				ar Yes 🟌	No 🗆	(See	other side for info on intangible tax		
this rein	nstatement ap by the corpora	plication, the tion have be	reason for disso en paid and the	olution has been names of indiv	en eliminated, viduals listed o	the corpo	rate name satisfies	the requirements an exemption un	apter 607 or 617, F.S. s of section 607.0401 der section 119.07(3)	or 617.0401, F.S	., that all fees	
ĮΑ	TURE:	IGNATURE A	IND TYPED OR PR	LL INTED NAME O	F SIGNING OF	CER OR	L		8/35/99 Date	Daytime Ph	9444/1	
	-											