

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V47320

1. Corporation Name

L A C-TECH., INC.

Principal Place of Business

Mailing Address

579 SAWGRASS CORPORATE PKWY
SUNRISE FL 33323
US

579 SAWGRASS CORPORATE PKWY
SUNRISE FL 33323
US

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

4121 SW 47TH AVE.

P.O. BOX 35-0013

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1317

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33314

Country
U.S.

Zip
33314

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1992

5. FEI Number

65-0346485

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MENDEZ, JONATHAN	11915 SW 11TH CT.	DAVIE FL 33325

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENDEZ, JONATHAN
11915 SW 11TH CT.
DAVIE FL 33325

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

Jonathan Mendez

REGISTERED AGENT MUST SIGN

Date

3/06/02

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:

Jonathan Mendez

JONATHAN MENDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/06/02 954 4723136

CR2ED40 (8/01)