LAF - FASED II , JNC.         2. Principal Office Address         12805 SW & Huse Address         12806 S DAOE (Huse Address of Ourrent Registered Agent         12806 S DAOE (Huse Address of Ourrent Registered Agent         12806 S DAOE (Huse Address of Ourrent Registered Agent         12808 Address of DAOE (Huse Ad		JMENT # VSG212		PARTMENT OF State		FILED OO APR 27 PH SECRETARY OF TALLAHASSEE, F	4: 47	
12805       SWE RAG RJ       12805       SWE AAC R, etc.       Suite, Apr. R, etc.       Suite. Apr. R, etc.	te Galpara		С.			. – – – , ,		
Sulle Apr. 4, etc.       Sulle Apr. 4, etc.       Sulle Apr. 4, etc. <ul> <li>Color Business in Fluids.</li> <li>Sile Apr. 4, etc.</li> <li>Sile Apr. 4, etc.</li></ul>	•						(° Sp	
			╶┥╍╍╴╍╌╴╴	W BY AVE ICD.			40	
City_Sister	Servey - gette my server					4. Date Incorporated or Qualified To Do Business in Florida 8/10/92		
Zp     Country     Zp     3315L     Country     2000000000000000000000000000000000000				· · · · · · · · · · · · · · · · · · ·	5. FEI Numbe	r		
33150       **CENTRICATE OF STATUS DEGRED       SU25 Additional for equiver         13150       7. Name and Address of Current Registered Agent         William A       Phase and Address of Current Registered Agent         Street Address (P.O. Dox Number is Not Acceptate)		Country	Zlp					
7. Name and Address of Current Registered Agent         Name         Name         Nume         Nume         Nume         Special Address of Current Registered Agent         Nume         Special Address of Current Registered Agent         Option Colspan="2">Special Address of Current Registered Agent         Option Colspan="2">Option Colspan="2">Special Colspin Colspan="2">Special Colspan="2"								
Name       William P. HARKISI, R.       SOCOOO32450255					gistered Agent			
Street Address (P.O. Box Number is Not Acceptable) 9300 S pAOELAND BLVD. Stole, Aut. 4, Etc. 308 City 11.4.1. 3.08 City 11.4.1. 3.08 City 11.4.1. 3.08 City 11.4.1. 3.08 City 11.4.1. 3.08 City 11.4.1. 3.08 City 11.4.1. 3.08 City 1.4.1. 3.08 City 1.4.1. 3.15					-ny.	50000324	50251	
State Apt #, Etc.       State       State       City       State       The above named corporation, and familier with and accept the obligations of section 607 0505 or 617.0503. F.S.       Signature of Registered Agent       Date       A Colspan="2">City Code       Signature of Registered Agent       Date       Offices and/or Director       City State / Zip Code       Date       Offices and/or Director       Date       Offices and/or Director       City State / Zip       P       LE WIS A FRASEK       12805 SW 84 <sup>m</sup> MiRMIT: FC - 3 3:ISZ -       V       V       LE WIS A FRASEK - II12805 SW 84 <sup>m</sup> AUE: WIS - A. FRASER - II12805 SW 84 <sup>m</sup> MiRMIT: FC - 3 3:ISZ -		Street Address (P.O. Box Number is	Not Acceptable)	sy Ex par	••••••••••	-05/09/00-	-01102001	
City PTLAM.  State Zip Core PLAM.  State Zip Core Zig 23356  A Lobing appointed the registered agent of the above named corporation; an familiar with and accept the obligations of section 607 0505 or 617.0503.F.S.  Signature of Registered Agent Registered Reg	-		HOELAND BLV.	P ,	· · · · · · · · · · · · · · · · · · ·	*****3 <u>.</u> U_U	······································	
FL     33154       8. I. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607 0505 or 617.0503. F.S.     Signature of Registered Agent     Date     21.08/2000     The section for Date of the section for Date of the section for Additional Section for Addition for Additional Section for Additional Section for Additin Histor			1	·		State Zin Code		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas) 3 directors)   Titles Nama of Officer and/or Directors   P LE WIS A   FRASEK 12805   SW 84 PI   AUE.WI.S.A. FRASEK   12805 SW   SW 84 PI   AUE.WI.S.A. FRASEK   12805 SW   84 PI AUE.P.D.   MIRHI, FG. 33/157   V LEWISA FRASER 12805 SW 84 PI AUE.P.D. AUE.WI.S.A. FRASER 12805 SW 84 PI AUE.P.D. AUE.WI.S.A. FRASER <pfraser< p=""> FRASER FRASER&lt;</pfraser<>								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas) 3 directors)   Titles Nama of Officer and/or Directors   P LE WIS A   FRASEK 12805   SW 84 PI   AUE.WI.S.A. FRASEK   12805 SW   SW 84 PI   AUE.WI.S.A. FRASEK   12805 SW   84 PI AUE.P.D.   MIRHI, FG. 33/157   V LEWISA FRASER 12805 SW 84 PI AUE.P.D. AUE.WI.S.A. FRASER 12805 SW 84 PI AUE.P.D. AUE.WI.S.A. FRASER <pfraser< p=""> FRASER FRASER&lt;</pfraser<>	8. I, being	appointed the registered agent of the at	bove named corporation	, arn familiar with and accept	the obligations of section	on 607 0505 or 617.0503. F.S.	(66/66)	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas) 3 directors)   Titles Nama of Officer and/or Directors   P LE WIS A   FRASEK 12805   SW 84 PI   AUE.WI.S.A. FRASEK   12805 SW   SW 84 PI   AUE.WI.S.A. FRASEK   12805 SW   84 PI AUE.P.D.   MIRHI, FG. 33/157   V LEWISA FRASER 12805 SW 84 PI AUE.P.D. AUE.WI.S.A. FRASER 12805 SW 84 PI AUE.P.D. AUE.WI.S.A. FRASER <pfraser< p=""> FRASER FRASER&lt;</pfraser<>		Agent	·			Dale 3 28/20	<i>∞</i>	
Titles       Nama of Officers and/or Directors       Street Address of Each Officer and/or Director       City / State / Zip         P       LE WIS A FRASEK       12805 SW 84 M AVE RD       MIANI, F. 3315Z         V       LE WIS A FRASEK       12805 SW 84 M AVE RD       MIANI, F. 3315Z         V       LE WIS A FRASER - III       -12805 SW 84 M AVE RD       MIANI, F. 3315Z         Image: Street Address of the second street of the secon							0	
Class       Officer and/or Directors       Officer and/or Director       City / State / Zp         P       LEWIS A FRASEK       12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 33157         V       LEWIS A. FRASER       12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 33157         V       LEWIS A. FRASER - IF       -12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 33157         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 33157         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 33157         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 33157         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 33157         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 33157         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       HIAMI, F. 5. Interference         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       -12805 SW 84 <sup>ml</sup> AVE RD         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       -12805 SW 84 <sup>ml</sup> AVE RD         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       -12805 SW 84 <sup>ml</sup> AVE RD         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       -12805 SW 84 <sup>ml</sup> AVE RD         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD       -12805 SW 84 <sup>ml</sup> AVE RD         Image: State / Zp       -12805 SW 84 <sup>ml</sup> AVE RD </td <td><u> </u></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td>ind/or Director (Florida n</td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ind/or Director (Florida n		· · · · · · · · · · · · · · · · · · ·			
<ul> <li>10. LEWISLA. FRASER-II12805 SW 84<sup>TH</sup> AVE-RD - MIA-MI-FR-3355C</li></ul>	Titles		rs			Cily / State / Zip		
<ul> <li>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this supplication as provided for in chapter 607 or 617. F.S. I further certify that when filling 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 it made under owth.</li> </ul>	ρ	LEWIS A FRASER	LEWIS A FRASER 12805 SW 84		AVE RD	MIANI, F. 33152		
<ul> <li>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this supplication as provided for in chapter 607 or 617. F.S. I further certify that when filling 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 it made under owth.</li> </ul>	V	-LEWISA GRASFR-	-TT	2805 511 8411	AUE-DA-			
It is 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 it made under oath.		Contraction of the Participation		<u></u>				
It is 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 it made under oath.			· · · · · · · · · · · · · · · · · · ·			·		
It is 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 it made under oath.		· · · ·		· ··· ···	· · ·			
It is 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 it made under oath.	Ī							
It is 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 it made under oath.								
It is 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 it made under oath.								
on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.	IC centry	nstatement application, the reason for di	ssolution has been elimi	nated, the corporate name sa	tisfies the requirements	of section 607.0401 or 617.0401.	F.S., that all fees	
SIGNATURE ANAMA MANA 4/2/100 (305) GLA 6818	this rein		is names of individuals b	steo on this form do not quali	ty for an exemption und	er section 119.07(3)(i), F.S. The in	formation indicated	
	livs rein owed b				under oath.		1	

4

Sandra P. Kayal, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT,

16501 S.W. 81st AVENUE MIAMI, FLORIDA 33157 BOOKKEEPING
 ACCOUNTING
 TAX RETURNS

TEL.: (305) 971-1144 FAX: (305) 971-6222

April 20, 2000

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: LAF-Pasco II, Inc. FEI: 65-0365575 Document #: V56212 (6) Year: 1999

Ladies and Gentlemen:

The above taxpayer has requested that I help them reinstate the above corporation. While doing the bookkeeping for the above corporation I noticed that the 1999 annual report fees had not been paid. I then called the Department of State and they told me that the above corporation had been dissolved in 1999.

Please note that the taxpayer did not receive any normal or late notices from you for the year 1999. Accordingly, the taxpayer did not submit any form for the year 1999. We are therefore respectfully requesting that any reinstatement penalties be abated. Please note that the taxpayer has an excellent record and has never been late in the past.

Please find enclosed the reinstatement form for the year 1999 as well as the 2000 Uniform business Report together with the fees for the years 1999 and 2000.

Please make sure you have our most recent address on file: LAF-Pasco II, Inc. 12805 SW 84 Ave Rd Miami, FL 33156 Tel: 305-969-8818

Thank you very much for your valuable cooperation.

Very truly yours,

\_ · · •

Sandra P. Kayae Sandra P. Kayal