

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # VSG212

1. Corporation Name

LAF-PASCO II, INC.

2. Principal Office Address

12805 SW 84 AVE RD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

3. Mailing Office Address

12805 SW 84 AVE RD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/10/92

5. FEI Number

65-0365575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM P. HARRIS, JR.

Street Address (P.O. Box Number is Not Acceptable)

9300 S DADELAND BLVD.

Suite, Apt. #, Etc.

308

City

MIAMI

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/28/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | LEWIS A FRASER | 12805 SW 84TH AVE RD | MIAMI, FL 33156 |
| V | LEWIS A. FRASER - II | 12805 SW 84TH AVE RD | MIAMI, FL 33156 |
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10. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

(305) 969-8818

Daytime Phone #

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. Kayal

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