

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 FEB 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800029125358
02/20/04--01028--022 **300.00

REINSTATEMENT 03-046

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 899-52345

1. Corporation Name
La Dama Enterprises, Incorporated

2. Principal Office Address 289 Nepperhan Ave		3. Mailing Office Address 289 Nepperhan Ave	
Suite, Apt. #, etc. 11-F		Suite, Apt. #, etc. 11-F	
City & State Yonkers, NY		City & State Yonkers, NY	
Zip 10701	Country USA	Zip 10701	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/31/1999

5. FEI Number 650925896 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: **Camelia A Marcelino**

Street Address (P.O. Box Number is Not Acceptable): **Plaza - 14980 SW 43rd Street**

Suite, Apt. #, Etc.:

City: **Miami** State: **FL** Zip Code: **33185**

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: *Camelia A Marcelino* Date: **02/02/04**

REGISTERED AGENT MUST SIGN

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/T/S	Camelia A Marcelino	289 Nepperhan Ave., 11-F	Yonkers, NY 10701

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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)(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: *Camelia A Marcelino* Date: **02/02/04** Daytime Phone #: **914-376-1888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

Camelia A. Marcelino, Esq.

#11-F, St. Casimir
289 Nepperhan Avenue
Yonkers, New York 10701
Telephone (914) 376-1888

2/4/2004

DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Request for fee waiver - 2003
La Dama Enterprises, Inc. - #650925896

Dear Sir or Madam:

Please accept this letter as my request for waiver of fee for 2003 vis-à-vis re-instatement of La Dama Enterprises, Inc. I have had to spend a protracted amount of time in New York, which has resulted in lost mail among other problems. I can only imagine that such was the case in the re-filing of the corporate papers.

As per telephone instructions received from one of the agents at the division contact number, and in anticipation of your consideration in this matter, I enclose \$300.00 to cover the cost of re-instatement.

Very truly yours,

Camelia A. Marcelino
CAMELIA A. MARCELINO, ESQ.

Encls

Camelia A. Marcelino, Esq.

#11-F, St. Casimir
289 Nepperhan Avenue
Yonkers, New York 10701
Telephone (914) 376-1888

2/4/2004

DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Re-Instatement
La Dama Enterprises, Inc. - #650925896

Dear Sir or Madam:

Enclosed are the following for re-instatement of the above referenced corporation:

1. Executed re-instatement form;
2. La Dama Enterprises, Inc. check in the amount of THREE HUNDRED DOLLARS and ⁰⁰/₁₀₀ (\$300.00);
3. Request for waiver of re-instatement fee for 2003 as per instructions received by telephone.

Thank you for consideration in this matter.

Very truly yours,


CAMELIA A. MARCELINO, ESQ.

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