

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000113538**

1. Corporation Name

L.A.A. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3900 SOUTH FLORIDA AVE.
 STE. 206
 LAKELAND FL 33813

3900 SOUTH FLORIDA AVE.
 STE. 206
 LAKELAND FL 33813

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

12/12/2000

5. FEI Number

59-3688036

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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)	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
President <i>President</i>	BRYANT, DONNA T	3	3900 S. FLORIDA AVE., STE. 206		LAKELAND FL 33813
Director <i>Director</i>	BRYANT, DONNA T <i>Bryant, Michael A.</i>		3900 S. FLORIDA AVE., STE. 206		LAKELAND FL 33813

600024341366
 10/31/03--01088--028 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRYANT, DONNA T
 3900 SOUTH FLORIDA AVE.
 STE. 206
 LAKELAND FL 33813

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent

Donna Bryant
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

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:

Michael A. Bryant
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 28, 2003

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

Re: Reinstatement of Corporation
LAA Enterprises, Inc. - 59-3688036

To Whom It May Concern:

I'm writing in reference to the above referenced matter. I received a notice of Administrative Dissolution of the Corporation about 10 days ago. It stated the the Corporation had failed to file it's 2003 corporation annual/uniform business report by May 1, 2003.

I was completely unaware this report had not been filed. I just took control of the corporation on June 27, 2003 and was assured all matters concerning the corporation were in order. I never received any correspondence or notices concerning the report not being filed from the State or the previous owner. I think if you will review your records, you will see that all previous correspondence concerning this were sent to another address and Registered Agent.

I feel you should waive the reinstatement fee since I never had a chance to file the report in the first place. I have enclosed the filing fee and I look forward to hearing from you concerning this matter.

Sincerely,

LAA ENTERPRISES, INC.



Donna Bryant
President

Enclosure