

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L88785**

1. Corporation Name

LMR International, Inc.

Principal Place of Business

Mailing Address

**11397 NW 7th Street #102
Miami, FL 33172**

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
PO Box 165339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

Zip

Country

Zip

Country

33116-5339

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 24, 1990

5. FEI Number

65-0213576

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Lorenzo Rodriguez	11397 NW 7th Street	Miami, FL 33172

8. Name and Address of Current Registered Agent

**Lorenzo Rodriguez
11397 NW 7th Street
Miami, FL 33172**

9. Name and Address of New Registered Agent

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:

REGISTERED AGENT MUST SIGN

Date

10/2/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/97

Date

Daytime Phone #

305-5989088

Invoice Funding USA, Inc.

ACCOUNTS RECEIVABLE FINANCING

Monday, October 06, 1997

DIVISION OF CORPORATIONS
FLORIDA DEPT OF STATE
PO BOX 6327
TALLAHASSEE, FL 32314
PERSONAL & CONFIDENTIAL

Re: LMR INTERNATIONAL, INC.

Dear Sir/Madam:

Enclosed please find \$923.75 to cover the filing of the attached reinstatement form.
Please forward the certificate of status to the following address:

Invoice Funding USA
2300 West Sample Road Suite 202
Pompano Beach, FL 33073

Sincerely,



Joe Rosen
Executive Assistant