

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **2002482**
PO1600083725

1. Corporation Name

Livingnight.com, Inc.

2. Principal Office Address

6065 NW 167th St

Suite, Apt. #, etc.

B19

City & State
Miami, FL

Zip
33015

Country
USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Num

65-1131630

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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

33015

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

Date

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
PRES	Marcio Gomes	6065 NW 167th St, B19	Miami, FL 33015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

951-450-9906

CR2E081 (9/01)

November 12, 2002

State of Florida
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Mr. Tyrone Scott:

Please find enclosed a re-instatement form and a check to the Secretary of State for \$150 for my corporation. I did not receive the notice to initially register the corporation for the current year. I would respectfully request that the late fee be waived.

Sincerely,

A handwritten signature in black ink, appearing to be "T. Scott", written over a horizontal dashed line.