

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN -6 AM 9:53

DOCUMENT # P01000117174

1. Corporation Name

LUCY & ABEL ENTERPRISE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400009878894
01/05/03--01088--003 **300.00



Principal Place of Business

Mailing Address

433 SAN FERNANDO DR.
PALM SPRINGS FL 33461

433 SAN FERNANDO DR.
PALM SPRINGS FL 33461

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-0000411

Applied For

Not Applicable.

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
PSTD	EHEMENDIA, LUCY	433 SAN FERNANDO DR.	PALM SPRINGS FL 33461
VD	EHEMENDIA, ABEL	433 SAN FERNANDO DR.	PALM SPRINGS FL 33461

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EHEMENDIA, LUCY
433 SAN FERNANDO DR.
PALM SPRINGS FL 33461

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

(561)965-9026

Daytime Phone #

CR2E040 (8/02)

October 24, 2002

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

Re: Lucy & Abel Enterprise, Inc.
P01000117174
Annual Report

To Whom It May Concern:

Attached please find reinstatement form you sent me. I called your offices because I was surprised to receive this notice and penalties to reinstate. I explained that I had never received a notice to pay the annual report and for that reason had not sent it in.

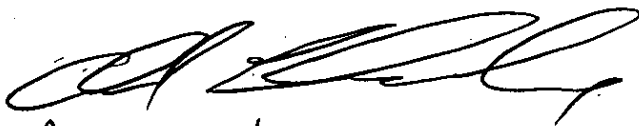
I was told by phone to explain what had happened and to send in the \$150.00, enclosed find check. THANK YOU.

Sincerely,

Abel Echemendia

THIS IS A COPY OF THE LETTER I SENT BACK
IN OCT. ENCLOSED IS A CHECK FOR \$300.00.
\$150.00 FOR LAST YEAR AND \$150.00 FOR THIS
YEAR.

THANK YOU,



ABEL ECHEMENDIA