

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 14 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S48328

1. Corporation Name
LOMITA, INC.

2800 Island Boulevard
RJS - 201 S. Biscayne Boulevard

2. Principal Office Address
2800 Island Boulevard

3. Mailing Office Address
RJS - 201 S. Biscayne Boulevard

Suite, Apt. #, etc.
Unit 2102 Suite 1500

City & State
Williams Island, FL Miami, Florida

Zip Country Zip Country
33160 USA 33131 USA

REINSTATEMENT 92-04 *TR*

4. Date Incorporated or Qualified To Do Business in Florida 04/26/91

5. FEI Number 65-0257736 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
CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BOULEVARD

Suite, Apt. #, Etc.
SUITE 1500

City MIAMI State FL Zip Code 33131

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: *Raul J. Salas*, VICE PRESIDENT Date 9-10-04
RAUL J. SALAS 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
DPST	Manuel Malo Monsalve	RJS - 201 S. Biscayne Blvd., #1500	Miami, Florida 33131

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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: *Manuel Malo Monsalve* Manuel Malo Monsalve 9-10-04 305-379-9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)