

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 26 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000032723

1. Corporation Name

LU - AL INC

97AR

Principal Place of Business

Main Address

1421 N.E 202 St
MIAMI - FLDA. 33179

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

5-12-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650576840

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
President Owner	GIOVANNI ATTARDI	1421 N.E 202 St MIAMI - FLDA. 33179	MIAMI - FLDA. 33179

200002361272--2
-12/02/97--01085--007
***165.00 ***165.00

G. Attardi
11/26/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIOVANNI ATTARDI
1421 N.E 202 St.
MIAMI - FLDA. 33179

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-14-97

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIOVANNI ATTARDI

11-14-97 (352) 651-2066

Date

Daytime Phone #

CR2E040 (12/96)

LU-AL INC.

GIOVANNI ATTARDI
1421 NE 202 ST.
MIAMI FLA. 33179

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November 14, 1997

GIOVANNI ATTARDI
1421 NE 202 ST.
MIAMI FL 33179

Dear Sir or madam:

Last month after a business trip I decided to let my accountant go due to personal reasons.

Of course he turn over all the documents of the corporation,as I was going over these documents I realized that there was no indication of any forms or similars that had being filed,regarding the status of this corporation; so I decided to give you a call and that's when I found out that the annual report was not filed or any other paper for that matter.

I was told to request a reinstatement application and to file it along with this letter an a payment for \$165,00,so that's exactly what I'm doing.I would please ask you to forgive this situation,but I assure you that would never happen again,since from now on I will personally take care of this matters.I thank you for your understanding and cooperation.

Sincerely,

