

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 15 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000044732

1. Corporation Name

LULI, CORP.

Principal Place of Business

3190 NW 38TH STREET
MIAMI FL 33142

Mailing Address

3190 NW 38TH STREET
MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/03/2001

5. FEI Number

65-1100073

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	VALDES, LOURDES B	3190 NW 38TH STREET	MIAMI FL 33142
V	VALDES, JOSE M	3190 NW 38TH STREET	MIAMI FL 33142

Handwritten signature/initials

200008606092
10/28/02-01034-016 ***150.00

8. Name and Address of Current Registered Agent

VALDES, LOURDES B
3190 NW 38TH STREET
MIAMI FL 33142

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. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signature Vice President 10/23/02 (305) 638-9630

CR2E040 (8/02)

pg 2 of 2

LULI, CORP.

October 23, 2002

Department of State
Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

This is a written statement of our telephone conversation today with Ms. Michelle, because we receive a Dissolution Certificate. We never received the first and second notice to the Annual Report for 2002. We think that the previous notice was send to our original address of the corporation; nevertheless we made a change of address on March 18, 2002.

Please accept this check for \$150.00 and the Application of Reinstatement as was instructed by Ms. Michelle. We apologize the inconvenience this made cause you.

Sincerely,

José Valdés
Vice-President

