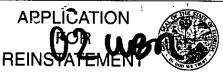
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PS 1 472





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State *

DIVISION OF CORPORATIONS

DOCUMENT #

P01000044732

1. Corporation Name

LULI, CORP.

Principal Place of Business

3190 NW 38TH STREET MIAM! FL 33142

SIGNATURE:

Mailing Address

MIAMI FL 33142

3190 NW 38TH STREET

FILED

02 NOV 15 AM 10: 09

TALLAHASSEE, FLORIDA



If above		incorract in any way-lie	a through incorract l	nformation o					
If above addresses are incorrect in any way; line through inc 2. New Principal Office Address, If Applicable 3. Ne					dress, If Applicable	Date Incorporated or Qualified To Do Business in Florida 05/03/2001			
Suite, Apt	. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5 5511		
City & Sta	te		City & State	City & State		65-1	45-1100073 Not Applicable		
Zip		Country	Zip		Country	- 6. CERTIFICATE	OF STATUS DESIRED 📮	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Flo	orida nonprof	it corporations must list at le	east 3 directors)			
Title(s) 1	(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PS	-VALDES, LOURDES B			3190 NW 38TH STREET		. , ,	MIAMI FL 33142		
٧	VALDES, JOSE M			3190 NW	/ 38TH STREET		MIAMI FL 33142		
					Bulst	20 10/28/	0008606 02=01034=016	092 **150.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
VALDES, LOURDES B 3190 NW 38TH STREET					Street Address (I	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33142					Suite, Apt. #, Etc).			
					City	 .	- I	tate Zip Code	
10. I, being					amiliar with and accept the o	bligations of Section			
Signature of Registered Agent SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN						Date			
this rein	statement apply the corporation	lication, the reason for o on have been paid and	eceiver or trustee en dissolution has been the names of individ	npowered to eliminated, t uals listed or	execute this application as p he corporate name satisfies in this form do not qualify for legal effect as if made under	the requirements an exemption und	of section 607 0401 or 61	7 0401 FS that all fees	

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,

Jose Valdes

Vice-President