

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 21 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **445463**

1. Corporation Name

**LOT HEADQUARTERS, INC.**

Principal Place of Business

5209 NW 74TH AVE. STE 200-B  
MIAMI FL 33166

Mailing Address

5209 NW 74TH AVE. STE 200-B  
MIAMI FL 33166

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

03/11/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1515708

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
PD	ABASCAL, JOSE	8425 SW 56TH ST	MIAMI FL
VD	RODRIGUEZ, ANDRES	261 NE 42ND CT	POMPANO BCH FL
S	RODRIGUEZ, ANDRES	261 NE 42ND CT	POMPANO BCH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABASCAL, JOSE  
8425 SW 56TH ST  
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Applicable)

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

*Jose Abascal*

REGISTERED AGENT MUST SIGN

Date 12/26/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Jose Abascal*

P/D JOSE ABASCAL

12/26/96

(305) 591 8096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #