

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100164088401
12/31/09--01054--003 **150.00

CR2E081 (11/09)

DOCUMENT # 470885

1. Corporation Name

Isa-Lu, Inc.

2. Principal Office Address - No P.O. Box #

2524 NE 22 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33305-2624

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

1-20-1975

5. FEI Number

59-1573659

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

Dora Y. Romero

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

2524 NE 22 Terrace

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33305-2624



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **December 28, 2009**

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
P	Raulise E. Romero	2524 NE 22 Terrace	Ft. Lauderdale, FL 33305
v/t/s	Dora Y. Romero	2524 NE 22 Terrace	Ft. Lauderdale, FL 33305

REINSTATEMENT

RH

10. E-mail Address: **dyromero@bellsouth.net**

(To be used for future annual report notification)

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, I further certify, 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:

Dora Y. Romero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2009 954-565-5820

Date

Daytime Phone #