

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT -1 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006627**

1. Corporation Name

LIMA INTERNATIONAL CORPORATION

2. Principal Office Address

407 LINCOLN RD.

Suite, Apt. #, etc.

104

City & State

MIAMI BEACH, FL.

Zip

33139

Country

USA

3. Mailing Office Address

407 LINCOLN RD.

Suite, Apt. #, etc.

104

City & State

MIAMI BEACH, FL.

Zip

33139

Country

USA

REINSTATEMENT

98-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

38-1848337

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

MARTIN ROBERTA ESP. GUIDO LORZOLI

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

407 LINCOLN RD. #104

Suite, Apt. #, Etc.

SUITE # 104

City

MIAMI

State

FL

Zip Code

33131

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

Guido Lorzoli

REGISTERED AGENT MUST SIGN

Date **9-29-01**

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
PRES.	LORZOLI, GUIDO	407 LINCOLN RD, STE 104	MIAMI BEACH, FL. 33139
			111 LS
			800004625428--2
			-10/05/01--01072--015
			***1200.00 ***1200.00

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-01

Date

305-673-6226

Daytime Phone #