

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # G29283

1. Corporation Name

LIMA INVESTMENTS, INC.

2. Principal Office Address

1492 S. Miami Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33130

Country

Dade

3. Mailing Office Address

1492 S. Miami Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33130

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/22/83

5. FEI Number

59-2259210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED
01 SEP 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

JAVIER CERVERA

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

1236 Anastasia Avenue

Suite, Apt. #, Etc.

City

Coral Gables, Florida

State
FL

Zip Code

33134

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 9/14/01

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
P/D	JAVIER CERVERA	1236 Anastasia Ave.	Coral gables, Fl. 33134

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

President

9/14/01 305 374 3434

Date

Daytime Phone #

CR2E081 (8/00)