

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J38844

1. Entity Name
LIMA PRINTING CORPORATION



FILED
04 NOV 29 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7880 W 20TH AVENUE
SUITE #47
HIALEAH, FL 33016

Mailing Address
7880 W 20TH AVENUE
SUITE #47
HIALEAH, FL 33016

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10202004 REIN-P CR2E098 (6/04)

4. FEI Number
59-2733105

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, LUIS
18510 NW 48TH PLACE
CORAL CITY, FL 33855

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! - FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

-In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HERNANDEZ, LUIS
STREET ADDRESS 7880 W 20TH AVE STE #47
CITY-ST-ZIP HIALEAH, FL 33016 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300043044393
CITY-ST-ZIP 11/29/04--01063--015 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #