

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

96 OCT 29 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J64839**

1. Corporation Name
LOMECO CORPORATION

Principal Place of Business Mailing Address
**12816 SW 122 AV.
MIAMI, FL. 33186**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 12816 SW 122 AVE	3. New Mailing Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State
Zip 33186 Country USA	Zip Country

REINSTATEMENT ⁸⁹⁻⁹⁶

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 3/26/89	
5. FEI Number 65-0068311	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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
Pres.	JORGE A. CARDOSO	12816 SW 122 AV.	MIAMI, FL. 33186 400001997314-4 -11/06/96-01028-003 ***358.75 ***358.75
			400001997314-4 -11/06/96-01028-004 ***500.00 ***500.00
			400001997314-4 -11/06/96-01028-005 ***500.00 ***500.00

8. Name and Address of Current Registered Agent

JAMES LUPINO
5959 BLUE LAGOON DR.
MIAMI, FL. 33126

9. Name and Address of New Registered Agent

Name **Jorge A. Cardoso**
Street Address (P.O. Box Number is Not Acceptable)
12816 SW 122 AVE
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33186**

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 Date **8/29/96**

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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: Date **8/29/96** (905) 255-6905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR