

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K19394**

1. Corporation Name

LIY ENTERPRISES, INC.

Principal Place of Business

**16691 NW 82ND AVE.
MIAMI LAKES FL 33016**

Mailing Address

**P. O. BOX 2185
MARCO ISLAND FL 33989**

34146-2185

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1988

5. FEI Number

65-0039316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LIY, ANADENIA ANADENIA	16691 NW 82ND AVE.	MIAMI LAKES FL 33016
VPD	LEON, ANADENIA	463 ECHO CIRCLE	MARCO ISLAND FL 33987 34145
VPD	LIY RAFAEL	562 GOLD COAST CT.	MARCO ISLAND, FL 34145
			600002416426--5 -01/29/98--01096--016 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ANADENIA LIY
16691 NW 82ND AVENUE
MIAMI LAKES FL 33016**

Name

600002416426--5

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

Suite, Apt. #, Etc.

******750.00 ****750.00**

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

FILED
98 JAN 26 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **01-98**

CR20040 (8-97)