PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 96 OCT 31 PM 4: 25 **DOCUMENT#** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA LASTRA CUTTING SERVICE INC. Principal Place of Business Mailing Address 302 EDGT-19-01 HALEAH FL 33010 HIALEAH FL 33010 EMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 1040 E. 3 \$ 57. 2. New Principal Office Address, If Applicable 1040 E. 3 M 57. 1040 E. 08/31/1988 Suite, Apt. #, etc. 5. FEI Number Applied For 65-0119611 City & State Not Applicable HIALEAM HIACGAN CERTIFICATE OF STATUS DESIRED 33010-5155 USA 33010-5155 DIA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip LASTRA, OSVALDO 665 NW 85 PL A) J <u> 1000019983n1-</u> -11/07/96--01005--002 ****383.75 ****383.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Regi LASTRA, OSVALDO Street Address (P.O. Box Number is Not Acceptable) 865 NW 857H PL 203 MIAMT FL 33126 Sulte, Apt. W, Etc. Haleah 10. I, being appointed the registered agen named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. PAFSIDENTE Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for Information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes L

12. I cartify 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 filling 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 118,07(3)(i), F.S. The information indicated on this application is true and accurage, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

CHATURE AND TYPED OR P

AND EDGT-40-CT

Suite, Apt. #, etc.

City & State

Title(s)

Đ

OFOLIDE INTED HAME OF MOUNTS OFFICER O