

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

00 MAR 17 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L42593**

1. Corporation Name

LIETOM, INC.

WISU-5221

Principal Place of Business

Mailing Address

c/o CT Corporation System
8751 West Broward Blvd.
Plantation FL 33324

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

2. New Principal Office Address, If Applicable
3692 N.E. 195th Lane

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip
33180

Country
USA

3. New Mailing Office Address, If Applicable
1500 San Remo Ave.

Suite, Apt. #, etc.

Suite 125

City & State

Coral Gables, FL

Zip
33146

Country
USA

REINSTATEMENT

92-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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
P/D	TOMAS STRANSKY	3692 N.E. 195th Lane	North Miami Beach, FL 33180

3000003207853--4
-04/13/00--01095--021
*****1950.00 ***1950.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
8751 West Broward Blvd.
Plantation FL 33324

Name

Atrium Registered Agents, Inc.

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

1500 San Remo Ave., Suite 125

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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 **2/22/00**

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 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 #

Feb 14/2000

CR20040 (12/96)