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
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 29 PM 12:48

DOCUMENT # M05518

1. Corporation Name LISA GARDEN, INC.

Principal Place of Business
15106 NW 89 Ct
Miami Fl 33125

Mailing Address

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
15106 NW 89 Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State
Zip: 33125 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/21 1994

5. FEI Number: 65-0104598 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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
PD	LASTRA, GERARDO	15106 NW 89 Ct	Miami Lakes Fl 33125

$7 10/29

8. Name and Address of Current Registered Agent

PAULINA LASTRA
15106 NW 89 Ct
Miami Fl 33125

9. Name and Address of New Registered Agent

Name: GERARDO LASTRA
Street Address (P.O. Box Number is Not Acceptable): 15106 NW 89 Ct
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33125

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: Gerardo Lastra (REGISTERED AGENT MUST SIGN) Date: 10/29/99

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: Gerardo Lastra 10/29/99 305 362-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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