

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M35396

1. Corporation Name

Liannette Lady INC.

2. Principal Office Address

8414 S.W 24 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33155

Country

U.S.A.

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

07-18-86

5. FEI Number

592692713

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lidia Yepes

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

6121 S.W 82 Ave.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lidia Yepes
REGISTERED AGENT MUST SIGN

Date

1/12/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	Lidia Yepes	6121 S.W 82 Ave.	MIAMI FL 33165.
S.D.	Ibeth Rodriguez	8414 S.W 24 ST.	MIAMI FL 33155.

10. 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:

Lidia Yepes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/04 305-207-9229

Daytime Phone #

Florida Department. OF State.
Secretary OF State.
Division OF Corporations
ANNUAL Report / Reinstatement. Section
P.O BOX 6327.
Tallahassee, FL 32314-6327.

AT - Liannette Lacy INC.
8414 S.W 24 ST MIAMI
FL 33155.
305-207-9229.

As per our Telephone conversation we are
enclosing you a check #4627.
for the AMOUNT OF 308.75 Dollar.
for the last and the present. year.
Please be advised as mentioned on the phone.
We have renewed our corporation every year.
on the year but this particular year.
We did not received the ANNUAL report.
so therefore we are pleading you to.
- ob solve the penalty charges.
please if you have ANY question do not.
hesitate to contact us. *Lidia Vines.* 305-207-9.