

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 # **M40053**

1. Corporation Name

LYGMAR INVESTMENTS, INC.

Principal Place of Business

Mailing Address

% CHEFFY CORP POBA INTERNATIONAL 010
PO BOX 52-1398
MIAMI FL 33152-1308
US

% CHEFFY CORP POBA INTERNATIONAL 101
PO BOX 52-1398
MIAMI FL 33152-1308
US

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

10/15/1986

5. FEI Number

52-1513755

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)

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
DP	SALVATIERRA, IGNACIO L.	16731 HARBOR DR.	FT. LAUDERDALE FL
DVT	SALVATIERRA, ROBERTO I.	16731 HARBOR C.T.	FT. LAUDERDALE FL
DS	SALVATIERRA, MARIELA	16731 HARBOR C.T.	FT LAUDERDALE FL
AS	PEDRO ALBERNI	4649 PONCE DE LEON, BLV.	CORAL GABLES, FL

8. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SO BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
ALBERNI & ALBERNI, PA.
Street Address (P.O. Box Number is Not Acceptable)
4649 PONCE DE LEON, BLV.
Suite, Apt. #, Etc
SUITE 404
City
CORAL GALBES

State Zip Code
FL 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

[Signature]
REGISTERED AGENT MUST SIGN

600002826226--3

Date 04/01/99 -- 01052 -- 004

****900.00 ****900.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #