

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 AM 10:32

DOCUMENT # M40053

1. Corporation Name

LYGMAR INVESTMENTS, INC.

2. Principal Office Address

P.O. Box 52-1308

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33152

Country

USA

3. Mailing Office Address

Alberni & Alberni, P.A.

Suite, Apt. #, etc.

4649 Ponce de Leon Blvd., #404

City & State

Coral Gables, Florida

Zip

33146

Country

USA

REINSTATEMENT 01-04

700031846717

04/05/04--01073--004 **1208.75

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. Name and Address of Current Registered Agent

Name

ALBERNI & ALBERNI, P.A.

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

4649 Ponce de Leon Boulevard

Suite, Apt. #, Etc.

Suite 404

City

Coral Gables

State
FL

Zip Code
33146

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/9/04

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	Mariela Salvatierra	c/o Jean-Charles Dibbs, Esq., Shutts & Bowen, LLP	
		201 S. Biscayne Blvd., #1500	Miami, Florida 33131

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:

Mariela Salvatierra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/04 305-379-9122

Date

Daytime Phone #

CR2E081 (01/04)