


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -1 PH 2:57

DOCUMENT # N06000012390

1. Corporation Name
SKAN 7 LUS International, Inc

200138325952
12/01/08--01040--013 **297.50

REINSTATEMENT 02-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # <u>2800 NW 175 ST</u>		3. Mailing Office Address <u>2800 NW 175 ST</u>	
Suite, Apt. #, etc. <u>Miami, a</u>		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami</u>	
Zip <u>33056</u>	Country <u>USA</u>	Zip <u>33056</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 2006

5. FEI Number ☐ 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 Rufina I. Lewis

Street Address (P.O. Box Number is Not Acceptable)
2800 NW 175 ST

Suite, Apt. #, Etc.

City Miami State FL Zip Code 33056

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Rufina I. Lewis Date 11-27-08

REGISTERED AGENT MUST SIGN

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
VP	THEO JACK	609 Ivory Crest Way	Jacksonville # 32244
SEC.	Cornelius Herelle	3401 N. Country Club	Aventura # 33180
Treas.	Carlyne Lewis	2800 N.W. 175 St	Miami, FL 33056
P	Rufina I Lewis	11	11

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 contained in Chapter 119, 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: Rufina I. Lewis Date 11-27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

per conversation with Ms. Altia Halbert at (954) 558-2786-380-3038
check NA for fei number and Ms. Rufina I. Lewis is President with 11/11/08