PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

3	RPORATION ISTATEMENT			TM⊊NT OF STAT ne Harris y of State	ΤE			SECRE FIVE INF	FILED TARY OF S	STATE MATIONS
	هر ۶		DIVISION OF C	ORPORATIONS	ļ			00 001	- AM &	3: 30
DOCUMENT # N 14454 1. Corporation Name									ſ	. •
Lucky Lady Social Club, Inc									***	
						KEINS	A	emen		
2. Principal Office Address			3. Mailing Office Address \$ 100 AU.1 106 TEOD						$\overline{\Omega}$	ゴタ
8901 NW 22 AVE Suite, Apt. #, etc.			2 100 NW 105 TERR Suite, Apt. #, etc.		<u> </u>				<u> </u>	- "U
						4. Date Incorporated or Qualified To Do Business in Florida 419 – 1886				
City & State			City & State			5. FEI NumberApplied For				
MIAMI FLA Zip 33147 DADE			MIAMI, FLA Zip Country			APPLIED FOR Mot Applicable				
33	147 I)ADE	33147	DADE		CERTIFICATE	OF STATU	S DESIRED 🔲 S8	3.75 Additional for a Certificat	
·			7. Name and A	ddress of Current Reg	gistered	d Agent				
	Name JESSIE TILLMAN Street Address (P.O. Box Number is Not Acceptable) GIOO NW 105 TERR, Suite, Apt. #, Etc.					70	-10	03427 /17/000 *1032.50	877- 0107001 ***1037	—3 17 150 -
	Miam	U, FL					State	Zip Code 33147	7	
8. I, being Signature o Registered		red agent of the abov	igations of section	on 607.050 Date _		S.				
9. Names	and Street Addresses	s of Each Officer and	/or Director (Florida nonpro	fit corporations must list	t at leas	st 3 directors)	1			
Titles	Office	Name of ers and/or Directors	1	Street Address of Each Officer and/or Director			City / State / Zip			
D -/.	JESSIE PRE	TILLM		2100 NW 105 TERR			M	ami, F.	Z 331	47
)-Q.	John L	na 1 Ker Preside	nt 181	7 NW 4	77	E RR	MI	aMI, F	-/ 33	127
-3.	Connie Secre	FU/MO 2tary)RE 710	- Jultai	n ,	Ave	OPA	LOCKA	1, F1 3	33054
-	- -								AD)
			_							
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: 9-17-00 (305) 835-866/										