

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # N99000000186

1. Corporation Name

LADY LUCK SOCIAL CLUB, INC.

Principal Place of Business

10829 NW 27 AVE
MIAMI FL 33167

Mailing Address

10829 NW 27 AVE
MIAMI FL 33167

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1999

5. FEI Number

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	4 City / State / Zip
D	JOHNSON, WILLIS	3035 NW 59TH ST.	MIAMI FL 33142
D	WILLIAMS, ANDRE	3035 NW 59TH ST.	MIAMI FL 33142
D	SANCHEZ, LUIS	10829 NW 27 AVE	MIAMI FL 33167
			900003497159-9 -12/12/00--01063--015 *****175.00 *****175.00
			900003497159-9 -12/12/00--01063--016 *****70.00 *****70.00

8. Name and Address of Current Registered Agent

LEWIS, STEVE C
10825B NW 27TH AVE.
MIAMI FL 33167

9. Name and Address of New Registered Agent

Name

Luis Sanchez

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

10829 NW 27 AVE

Suite, Apt. #, Etc.

City

MIAMI FLA

State

FL

Zip Code

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

Luis Sanchez

REGISTERED AGENT MUST SIGN

Date

10-16-00

11. 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:

WILLIAMS, ANDRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00