

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 MAR -1 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015927

1. Corporation Name

LALUZ.COM, INC.

Principal Place of Business

Mailing Address

14520 SW 71 LANE
MIAMI FL 33183

14520 SW 71 LANE
MIAMI FL 33183

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

2. New Principal Office Address, If Applicable
1700 SW. 37TH AVE.

3. New Mailing Office Address, If Applicable
1700 SW 37TH AVE.

Suite, Apt. #, etc.
SUITE H 25

Suite, Apt. #, etc.
SUITE H 25

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL

Zip Country
33134 U.S.A.

Zip Country
33134 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2000

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SAFOURI, EDWARD	14520 SW 71 LANE	MIAMI FL 33183
VSD	TUPACYUPANQUI, ALEX A	1515 SAN REMO AVE. APT. C5	CORAL GABLES FL 33146

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****308.75 ****308.75

8. Name and Address of Current Registered Agent

SHOMAR, JOSEPH
17439 NW 66 CT.
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name

ALEX A. TUPACYUPANQUI

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

1700 SW. 37TH AVE.

Suite, Apt. #, Etc.

SUITE H 25

City

CORAL GABLES

State

FL

Zip Code

33134

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

Date

01/29/02

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/29/02 (302) 447-108

CR2E040 (8/01)