

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000022458

1. Entity Name
LORD LADY OF MIAMI, INC.



FILED

09 SEP -3 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FL 32304

Principal Place of Business
777 NW 72ND AVE
2J1
MIAMI, FL 33126

Mailing Address
8758 SW 8 STREET
MIAMI, FL 33174

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09022009

REIN-P

CR2E098 (1/07)

4. FEI Number
65-0999238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINOZA, PATRICIA
721 NW 122 AVENUE
MIAMI, FL 33182

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *P Espinoza*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ESPINOZA, PATRICIA
STREET ADDRESS 721 NW 122 AVENUE
CITY-ST-ZIP MIAMI, FL 33182 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200160301222
09/03/09--01005--011 **300.00

TITLE VPD
NAME SARMIENTO, CARLOS
STREET ADDRESS 721 NW 122 AVENUE
CITY-ST-ZIP MIAMI, FL 33182 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ESPINOZA, CHANTAL
STREET ADDRESS 721 NW 122 AVENUE
CITY-ST-ZIP MIAMI, FL 33182 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *P Espinoza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/30/09