

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 19 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000061145

1. Corporation Name

L.M. LANCRY Corporation

2. Principal Office Address

10477 SW 108 AVE

Suite, Apt. #, etc.

B 220

City & State

MIAMI, FL

Zip

33176

Country

U.S.A

3. Mailing Office Address

10477 SW 108 AVE

Suite, Apt. #, etc.

B 220

City & State

MIAMI, FL

Zip

33176

Country

U.S.A

REINSTATEMENT

03/05  
1/21/05

4. Date Incorporated or Qualified To Do Business in Florida

6/23/00

5. FEI Number

651038024

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

LANCRY, Louis MAURICE

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

10477 SW 108 AVE

Suite, Apt. #, Etc.

B 220

City

MIAMI

State

FL

Zip Code

33176

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

(X) Signature the SAME

Date

1/5/05

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
D	LANCRY, Louis MAURICE	10477 SW 108 Ave # 8220	MIAMI, FL 33176

300044975143  
01/19/05--01003--017 \*\*1050.00

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:

(X) [Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 01/05/05 (X)

Date

Daytime Phone #

CFR25081 (01/04)