

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		1
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	COIII O	IIAIJOII
REINSTATEMENT	RFINSTA	TEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

OL MAY 13 AM 10: 23

1. Corporation Name

LUFECAME CORPORATION

reinstatement 01-04	Ų	iL		S		I		WE	MI	0	10	14
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718 N.V	al Office Address V. 1st Street	3. Mailing Of 718 N.W.	1st Street	900034395100 04/28/0401026030 **1200.00						
Suite, Apt. #	#, etc.	Suite, Apt. #, 4	etc.	4. Date Incorporated or Qualified To Do Business in Florida 06/30/2000						
City & State Miami, F		City & State Miami, FL	- بر ایا سد پارچ <i>نده</i> 	5. FEI Number 65-1031678				Applied For Not Applicable		
Zip 33128	Country	Zip 33128	Country	6. CERTIFICATE	OF STATU	IS DESIRED		onal Fee required icate of Status		
1.	# # :	7. N	lame and Address of Current Registe	red Agent						
	Name Diaz & Associates, Inc.									
	Street Address (P.O. Box Number is Not Acceptable) 780 N.W. 42nd Avenue									
Suite, Apil. #, Etc. Suite 422										
							State Zip Code FL 33126			
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 REGISTERED AGENT MUST SIGN 04-21-04							, F.S.			
9. Names	and Street Addresses of Each Officer and	1/or Director (Flo	orida nonprofit corporations must list at le	east 3 directors)						
Titles	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo	City / State / Zip						
D, P	LUIS FÉLIPE CABEZA SR.		718 N.W. 1 St., # 4		Miami, FL 33128					
D, S	ALICIA SAENZ	•• = = =	718 N.W. 1 St., # 4		Miami, FL 33128					
D, T	JUAN DANIEL CABEZA		JIRON CONTUMAZA 1024	4	LIMA, PERU					
D, VP	LUIS FÊLIPE CABEZA JR.		JIRON CARABAYA 1163		LIMA,	PERU				
D, VP	JOSE EDUARDO CABEZA		JIRON CONTUMAZA 1024	1	LIMA,	PERUA				

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 filling 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:

SEE ATTACHED LIST

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-04

305-442-4344

Date

Daytime Phone #

CR2E081 (01/04)

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	RPORATION STATEMENT	S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	ON	Y Adl	Alfach J Final	mert	
1. Corpora	JMENT # P00000063913 tion Name AME CORPORATION			OFF		ers		
•	J Office Address V. 1st Street	3. Mailing 0 7 8 N.W.	1st Street					
# 4		Suite, Apt. #,	4. Date Incorporated or Qualified To Do Business in Florida 06/30/2000					
City & State Miarni, F	✓	City & State Miarni, FL		5. FEI Number Applied For 65-1031678 Not Applicab				
Zip 33128	Country	Country	6. CERTIFICATI					
R. I being	Name Diaz & Associates, Inc. Street Address (P.O. Box Number is No. 780 N.W. 42nd Avenue Suite, Apt. #, Etc. Suite 422 City Miami:	ot Acceptable)	Name and Address of Current Regist		State FL	Zip Code 33126		
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 Date REGISTERED AGENT MUST SIGN								
9. Names	and Street Addresses of Each Officer and	or Director (Flo	orida nonprofit corporations must list at	least 3 directors)				
9. Names	and Street Addresses of Each Officer and	or Director (Flo	orida nonprofit corporations must list at	least 3 directors)	AH	ached in	57	
Titles	Name of Officers and/or Directors		Street Address of Ea Officer and/or Direc			City / State / Zi	ρ	
D, VP	HUGO ALFREDO CABEZA		JIRON CONTUMAZA 102	24	LIMA,	PERU	<u>.</u>	
D, VP	ALICIA BEATRIZ CABEZA	·	JIRON CONTUMAZA		LIMA,	PERU	· · · · · · · · · · · · · · · · · · ·	
D, VP	CARLOS ALBERTO CABEZ	Α	JIRON CONTUMAZA 1024		LIMA, PERU			
D, VP	ENRIQUE MIGUEL CABEZA	٠.	JIRON CONTUMAZA 102	24	LIMA,	PERU		
	, L							
this rein	rthat I am an officer or director or the receinstatement application, the reason for dissoly the corporation have been paid and the r	dution has been	n eliminated, the corporate name satisfi	es the requirements	of section	607.0401 or 617.0401, F	.S., that all fees	

04-21-04

305-442-4344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

780 N.W.:42nd Avenue Suite 422 Miami, Florida 33126

DIAZ & ASSOCIATES, INC. ACCOUNTANTS

PH.: (305) 442-4344 FAX: (305) 442-4337

Friday, May 07, 2004

Reinstatement Dept. Florida Dept. of State Division of Corporations 409 East Gains Street Tallahassee, FL 32399

Re: P00000063913 – Lufecame Corporation

To Whom It May Concern:

We are writing to you to request that you expedite the processing of this reinstatement, that has been further delayed by misplacement of the original affidavit sent to on April 21, 2004. We have enclosed the following: 1. Copies of the filed Articles of Dissolution, 2. Copy of original Affidavit and letter, 3. Completed Reinstatement form, 4. New Affidavit giving permission to utilize the original name.

Please note that an amendment is not required as both companies were created by the same parties and the enclosed affidavit from the party closing the new company and originator of company being requested to be reinstated allows the use of the name.

In your pocession you have the original Check # 596 for \$1,200 sent with the April 21 letter.

If you could call, fax or email (diazassoc@bellsouth.net) us, whichever is more convenient, when the corporation is reinstated we would greatly appreciate it. Thank for your assistance in this matter.

Sincerely.

Alina M. Diaz

780 N.W. 42ND AVENUE SUITE 422 MIAMI, FLORIDA 33126

DIAZ & ASSOCIATES, INC. ACCOUNTANTS

PH.: (305) 442-4344 FAX: (305) 442-4337

Wednesday, April 21, 2004

Amendment Section/Reinstatement Dept. Florida Dept. of State
Division of Corporations
409 East Gains Street
Tallahassee, FL 32399

To Whom It May Concern:

We are writing to you to request that you expedite the processing of this dissolution and reinstatement as soon as possible. We have enclosed the Transmittal Letter, Articles of Dissolution along with check # 595 for \$43.75 fo the filing fee and certificate status. Please file the dissolution and give the filing along with the other enclosed forms to the Reinstatement department.

The reinstatement department should receive the following, 1. The filed Articles of Dissolution and Certificate of status., 2. Affidavit, 3. Completed Reinstatement Form, 6. Check# 596 for \$1,200 to file and reinstatement corporation, 7. Express mail envelope and prepaid postage to return to us materials.

If you could call, fax or email (diazassoc@bellsouth.net) us, whichever is more convenient, when the corporation is reinstated we would greatly appreciate it. Thank for your assistance in this matter.

Sincerely

Alina M. Diaz