PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000070118

1. Corporation Name
LISBET, CORP.

REINSTATEMENT 2001

2. Principal Office Address		**3.** Mailing Office Address	
5001 SW 68 Ave		8758 SW 8th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Miami, FL 33155		Miami, FL 33174	
City & State		City & State	
Zip: 33174	Country:	Zip: 33174	Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1027118 ☐ 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: EDELMIRO IGLESIAS

Street Address (P.O. Box Number is Not Acceptable): 5001 SW 68 Ave

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33155

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: 12-20-01

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
Pres	EDELMIRO IGLESIAS	5001 SW 68 Ave. Miami 33155	Miami, FL 33155
Sec	BERTHA IGLESIAS	5001 SW 68 Ave	Miami, FL 33155

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: _____ 12-20-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #