

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 SEP 11 AM 11:58

DOCUMENT #

1. Corporation Name

L & R Services Supplies, Inc.

Document Number P00000085154

2. Principal Office Address

19631 N.W 58th Ave

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33015

Country

USA

3. Mailing Office Address

19631 NW 58th Ave

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33015

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/08/2000

5. FEI Number

651038162

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

Soledad, Rosabel

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

19631 N.W 58th Avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33015

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

Rosabel Soledad

Date

9-07-04

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
P	Rosabel Soledad	19631 NW 58th Avenue	Hialeah, FL 33015
VP	Luis E. Soledad	19631 NW 58th Avenue	Hialeah, FL 33015
D	Edward Soledad	19631 NW 58th Avenue	Hialeah, FL 33015
D	Zulehivy Soledad	19631 NW 58th Avenue	Hialeah, FL 33015

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 contained in Chapter 119, 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:

Zulehivy Soledad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-07-07

Date

305 766-9387

Daytime Phone #