

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 28 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000102317**

1. Corporation Name

Lorena's Designs, Inc.

2. Principal Office Address

4741 South Orange Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

4741 South Orange Ave.
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2000

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

000009716060
12/27/02--01049--003 ***750.00
REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Emma Valarezo

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

12139 Club Woods Drive

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32824

000009716060
01/28/03--01082--010 ***150.00

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

Emma Valarezo

Date

12-20-02

Emma Valarezo 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	Emma Valarezo	12139 Club Woods Drive	Orlando, FL 32824

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:

Emma Valarezo

12-20-02

407-816-8187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Emma Valarezo

CR2E081 (9/01)

js 1/29