

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -2 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000109830

1. Corporation Name

LC HANDLING CORP

200005556852--9

-05/17/02--01028--006

****750.00 ****750.00

09/06/01 90245 035 158.8

2. Principal Office Address
9001 M NW 97 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address
9001 M NW 97 TERRACE

Suite, Apt. #, etc.

City & State
MEDLEY, FLORIDA

Zip Country
33178 USA

City & State
MEDLEY, FLORIDA

Zip Country
33178 USA

4. Date Incorporated or Qualified
To Do Business in Florida 1-1-28/2000

5. FEI Number
65-1057678

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

CLAUDIO ALIAGA

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

9001 M NW 97 TERRACE

Suite, Apt. #, Etc.

City

MEDLEY

State
FL

Zip Code
33178

REINSTATEMENT 01-02-02

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 4-29-02

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
PD	CLAUDIO ALIAGA	9001 M NW 97 TERRACE	MEDLEY, FL 33178
VD	ERNESTO LINGEN	9001 M NW 97 TERRACE	MEDLEY, FL 33178
SD	JUAN PERRONE	9001 M NW 97 TERRACE	MEDLEY, FL 33178

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN PERRONE
SECRETARY

4-29-02

Date

(305)863-3433

Daytime Phone #

CR2E081 (9/01)