


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION <i>FOR</i> REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000110858**

1. Corporation Name

**ALBUQUERQUE HOLDINGS INC.**

Principal Place of Business

**1012 HARRISON ST.  
HOLLYWOOD FL 33021**

Mailing Address

**1012 HARRISON ST.  
HOLLYWOOD FL 33021**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/01/2000**

5. FEI Number

**65-1103968**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT	THADLID LIN	1506 HOLLYWOOD BLVD. <del>HOLLYWOOD FL 33019</del>	HOLLYWOOD, FL 33019

**100004718991--4**

**-12/11/01-01068-016**

**\*\*\*158.75 \*\*\*158.75**

8. Name and Address of Current Registered Agent

**LEHMAN, RICHARD S  
2600 N. MILITARY TRAIL  
STE. #270  
BOCA RATON FL 33431**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/22/01**

11. 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]*

**MICHAEL LIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/22/01**

Daytime Phone # **954 605 2245**

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Albuquerque Holdings Inc.  
1012 Harrison Street  
Hollywood, FL 33019

October 19, 2001

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Per your prerecorded instructions for reinstatement, we are requesting a waiver of the reinstatement fee due to the non-receipt of the previous notices.

Enclosed is the stated reinstatement fee for \$150 plus an additional 8.75 for a Certificate of Status.

Should you have any questions, please call me at (954) 717-1858.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Lyn", with a stylized flourish at the end.

Michael Lyn