

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020104

1. Corporation Name

BOTE RO LUJAN, INC.

200164066942

12/30/09--01042--003 **150.00

REINSTATEMENT 09

2. Principal Office Address - No P.O. Box #

20901 SAN ANDREWS BLVD

Suite, Apt. #, etc.

UNIT #15

3. Mailing Office Address

20901 SAN ANDREWS BLVD

Suite, Apt. #, etc.

UNIT #15

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33433

Country

U.S.

Zip

33433

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/2001

5. FEI Number

65-1085908

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

JORGE B. LUJAN

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

20901 SAN ANDREWS BLVD.

Suite, Apt. #, Etc.

UNIT #15

City

BOCA RATON

State

FL

Zip Code

33433

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jorge B. Lujan

REGISTERED AGENT MUST SIGN

Date 12/23/09

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	JORGE B. LUJAN	20901 SAN ANDREWS BLVD #15	BOCA RATON, FL. 33433
S/T	LUZ A. GOMEZ	20901 SAN ANDREWS BLVD. #15	BOCA RATON, FL. 33433

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Jorge B. Lujan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/09

Date

Daytime Phone #

12/31/09