

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 15 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030601

1. Corporation Name

LOS LIBROS EN ESPANOL.COM, INC.

Principal Place of Business

451 NW 82ND AVENUE  
SUITE 812  
MIAMI FL 33126

Mailing Address

451 NW 82ND AVENUE  
SUITE 812  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

JULIO CESAR LUNA

Suite, Apt. #, etc.

PO Box # 52-7523

City & State

MIAMI FL

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/26/2001

5. FEI Number

65-1087736

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)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PD

LUNA, JULIO C

451 NW 82ND AVENUE SUITE 812

MIAMI FL 33126

SD

LUNA, SONIA

451 NW 82ND AVENUE SUITE 812

MIAMI FL 33126

600008697136

10/30/02--01048--007 \*\*750.00

8. Name and Address of Current Registered Agent

LUNA, JULIO C  
451 NW 82ND AVENUE  
SUITE 812  
MIAMI FL 33126

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-20-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-02

Date

Daytime Phone #

CR2E040 (8/02)