

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 16 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000032293

1. Corporation Name

LDR INVESTMENTS, INC

2. Principal Office Address

6961 MILLER ROAD

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33155

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/26/2001

5. FEI Number

65-109 6629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

**7. Name and Address of Current Registered Agent**

Name

DEL RIO, LUIS

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

6961 MILLER ROAD

900023855259

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33155

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

Luis C. Del Rio

Date 10/10/03

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
<u>D</u>	<u>DEL RIO, LUIS</u>	<u>6961 MILLER RD</u>	<u>MIAMI FL 33155</u>

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:

Luis C. Del Rio, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

305-5918258

Daytime Phone #

CR2E081 (10/02)

9/10/20