

1082

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT 03-04
700041121357 MRS
09/17/04--01050--002 **300.00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000068040</u>					
1. Corporation Name <u>L.F.A. EXPRESS INC</u>					
2. Principal Office Address <u>10440 SW 156 CT</u>			3. Mailing Office Address <u>10440 SW 156 CT</u>		
Suite, Apt. #, etc. <u>#726</u>			Suite, Apt. #, etc. <u>726</u>		
City & State <u>MIAMI FL</u>			City & State <u>MIAMI FL</u>		
Zip <u>33196</u>		Country <u>DADE</u>		Zip <u>33196</u>	
		Country <u>DADE</u>			

4. Date incorporated or Qualified To Do Business in Florida <u>7-11-2001</u>	
5. FEI Number <u>651122737</u>	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 And Annual Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>LUIS F. AGUIRRE</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>10440 SW 156 CT</u>	
Suite, Apt. #, Etc. <u>726</u>	
City <u>MIAMI</u>	State <u>FL</u>
	Zip Code <u>33196</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.	
Signature of Registered Agent 	Date <u>9/13/04</u>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LUIS F. AGUIRRE	10440 SW 156 CT.	MIAMI FL, 33196

10. I certify that I am an officer or director or the register 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)(b), 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: 	Date <u>9/13/04</u>	305) 968 7074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

282

MIAMI SEPTEMBER, 13, 2004

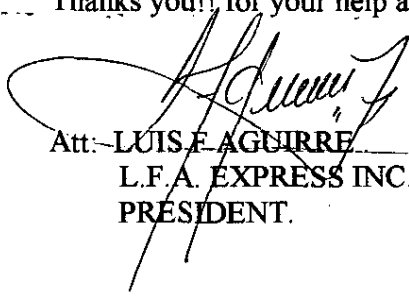
STATE OF FLORIDA.
DIVISION OF CORPORATIONS.
REINSTATEMENT DIVISION.
TALLAHASSEE FL.

Reference: **REINSTATEMENT.**

As, per change of the address the renewal forms for year 2003-2004, were missing.
That is the reason why the renewal payment was not sent on the correct due day.

The new address is:
L.F.A. EXPRESS INC
10440 S.W. 156 CT. # 726
MIAMI, FL 33196.

I'm sending a check for the sum of \$ 300.00 to reinstate my corporation.
Thanks you!! for your help and cooperation on this matter.


Att: LUIS F. AGUIRRE
L.F.A. EXPRESS INC.
PRESIDENT.