

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 22 P 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000086160**

1. Corporation Name

LIA REAL ESTATE INVESTMENTS INC.

2. Principal Office Address

5901 NW 74th Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

11890 SW 8th Street

Suite, Apt. #, etc.

Penthouse VII

City & State

Miami, FL

Zip

33184

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/30/2001

5. FEI Number

65-1134570

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

WTP

7. Name and Address of Current Registered Agent

Name

Oscar R. Aguilar

Street Address (P.O. Box Number is Not Acceptable)
11890 SW 8th Street

Suite, Apt. #, Etc.

Penthouse VII

City

Miami, FL

State

FL

Zip Code

33184

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

Date **7/16/05**

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
D	ISASI-ARANGO, LOURDES	5901 NW 74th Avenue	MIAMI, FL 33166
D	MARTINEZ-ISASI, JORGE A.	5901 NW 74th Avenue	MIAMI, FL 33166

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES ISASI-ARANGO, Director

Date

7/16/05

Daytime Phone #

(954) 456-0110

CR2E081 (01/05)