

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

DOCUMENT # P01000113535

1. Corporation Name

L.R.R. REMODELACION, INC.

Principal Place of Business

775 LUCAYA DRIVE
KISSIMMEE FL 34758

Mailing Address

775 LUCAYA DRIVE
KISSIMMEE FL 34758

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/26/2001

5. FEI Number

02-0584755

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	RODRIGUEZ, LUIS R	605 DEAVILLE CT.	KISSIMMEE FL 34758
VD	RIVERA-MONTILLA, LUIS R	775 LUCAYA COURT	KISSIMMEE FL 34758
SD	BARRETO, AURA E	605 DEAVILLE CT.	KISSIMMEE FL 34758

600008625106
10/28/02--01080--011 **150.00

8. Name and Address of Current Registered Agent

RIVERA-MONTILLA, JOSE R
775 LUCAYA DRIVE
KISSIMMEE FL 34758

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]
REGISTERED AGENT MUST SIGN

Date

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

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FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

October 24, 2002

LUIS RODRIGUEZ
L.R.R. REMODELACION, INC.
775 LUCAYA DRIVE
KISSIMMEE, FL. 34758

Form: UBR
Document #: P01000113535

~~THIS LETTER IS IN REFERENCE TO THE NOTICE YOUR OFFICE SENT TO MY~~
CORPORATION. I NEVER RECEIVED A LETTER OR NOTICE OF RENOVATION
FOR MY COMPANY. I AM ASKING FOR YOUR OFFICE TO CANCEL THE
PENALTY AS A RESULT OF THIS. I AM SENDING \$150.00 FOR THE
RENOVATIONS FEE. I HOPE THIS MIX-UP CAN BE RESOLVED. THANK YOU IN
ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

Sincerely,

Luis Rodriguez

