

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116224

1. Corporation Name

LUCKY MEGA CORPORATION

Principal Place of Business

18712 NW 67TH AVE
MIAMI FL 33015

Mailing Address

18712 NW 67TH AVE
MIAMI FL 33015

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

03-0376235

Applied For

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	GORIS, MILTON F	18712 NW 67TH AVE	MIAMI FL 33015
DV	GORIS, MILTON L	18712 NW 67TH AVE	MIAMI FL 33015
DT	GORIS, EDWIN L	18712 NW 67TH AVE	MIAMI FL 33015
DS	GORIS, MARITZA L	18712 NW 67TH AVE	MIAMI FL 33015

8. Name and Address of Current Registered Agent

GORIS, MILTON L
8332 NW 195 TERR
MIAMI FL 33015

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

REGISTERED AGENT MUST SIGN

Date

10-24-02

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 AND PRINTED OR REPRODUCED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP25040 (8/02)

Lucky Mega Corporation

18712 NW 67th Avenue,
Miami, Florida 33015
954-435-4420

November, 26, 2002

Florida Department of State
Division of Corporations
P. O. BOX 6327
Tallahassee, Florida 32314

ATTENTION: RE-STATEMENT DIVISION

REF: DOCUMENT # PO1000116224

The above corporation filed its 2002 corporation annual report/uniform business report , in compliance with Florida statutes. We re-submit the report on October 24 with the FEI# 03-0376235 as you requested.

We complied with your request on time, but it since that the correspondence got lost.

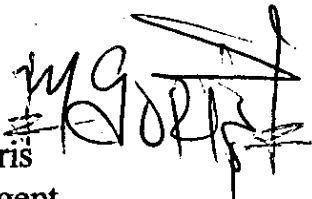
Attached please find a copy of the application for reinstatement sent back on October 24th.

~~We request the reinstatement fees be waived, because we filed on time.~~

Thank you for your understanding,

Sincerely,

Milton L. Goris
Registered Agent

A handwritten signature in black ink, appearing to read 'M. L. Goris', with a large, stylized flourish at the end.