

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 15 PM 12:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000117704**

1. Corporation Name

LHERNA, INC.

2. Principal Office Address

7246 NW 31 St. Miami, FL

3. Mailing Office Address

1160 NE 191 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 33-B

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA.

Zip

33122

Country

USA

Zip

33179

Country

USA

REINSTATEMENT 03

200024697972
12/15/03--01013--025 **\$8.75

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2001

5. FEI Number

22-3849698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS HERNANDEZ

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

1160 NE 191 St.

Suite, Apt. #, Etc.

Apt. 33-B

City

MIAMI

State
FL

Zip Code
33179

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

REGISTERED AGENT MUST SIGN

Date

09/12/2003

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
P	LUIS HERNANDEZ (President)	1160 NE 191 St.	Miami, Fl. 33179
			200024697972

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/2003

Date

786-2956932

Daytime Phone #

CR2E091 (10/02)