

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000049743

1. Corporation Name

Lien Search Unlimited, Inc.
P.O. BOX 561842
Miami, FL 33256-1842

2. Principal Office Address

14560 SW 77 CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33158

Country

USA

3. Mailing Office Address

P.O. BOX 561842

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33256-1842

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

03-0443166

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

JAVIER G. RAMIREZ

300024218133

10/28/03--01085--010 **150.00

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

14560 SW 77 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33158

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/20/03

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
<u>PD</u>	<u>JAVIER G. RAMIREZ</u>	<u>14560 SW 77 CT</u>	<u>MIAMI, FL 33158</u>

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)(f), 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]

JAVIER G RAMIREZ PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

305-971-3151

Daytime Phone #

Lien Search Unlimited, Inc.
P.O. BOX 561842 Miami, Fl 33256-1842
Phone: 305-971-3151 * Fax: 305-971-5344

October 10, 2003

Dept of State
Division of Corporations
Corporate Filings
P.O. BOX 6327
Tallahassee, Fl. 32314

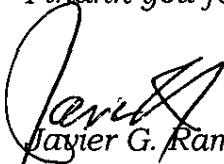
Dear sirs:

As per phone conversation with your department we hereby submit the following information for your consideration.

I have just become aware that my corporation, **LIEN SEARCH UNLIMITED, INC.** was dissolved on 9/19/2003. I never received the notification to pay \$ 150.00 or any such notice.

After talking to your department I was told to submit the form found on the internet along with a check for \$ 150.00 and that the penalty would be waved only once in the lifetime of the corporation.

I thank you for your patience.


Javier G. Ramirez
President/Director
14560 SW 77th Ct
Miami, Fl. 33158