

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051693

1. Corporation Name

LIZ ADVERTISING INC

2. Principal Office Address

3403 NW 82 AVENUE

3. Mailing Office Address

3403 NW 82 AVENUE

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

US

Zip

33122

Country

US

4. Date incorporated or Qualified
To Do Business in Florida

05/10/2002

5. FEI Number

010685120

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

Lissette Alayon

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

3403 NW 82 Avenue

Suite, Apt. #, Etc.

Apt-101

City

Miami

State

FL

Zip Code

33122

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

Lissette Alayon
REGISTERED AGENT MUST SIGN

Date 10/20/2003

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
PD	Alayon, Lissette	3403 NW 82 Avenue #101	MIAMI, FL 33122

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:

Lissette Alayon

Lissette Alayon - President

10/20/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 10/20

October 20, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P02000051693

Gentlemen:

In reference to the above mentioned corporation enclosed please find the renewal application due to the fact I never received the renewal report furnished by your office in which I could renew for 150.00.

I am enclosing 150.00 in order to renew my corporation.

Thank you,

A handwritten signature in cursive script, reading "Lissette Alayon".

Lissette Alayon
President