

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -1 PM 3:37

DOCUMENT # P02000056633

1. Corporation Name **Longines International, Corp.**

400061439664
03/16/06--01005--002 **150.00

REINSTATEMENT 04-06

2. Principal Office Address

1839 SE Federal HWY.
Suite, Apt. #, etc.

3. Mailing Office Address

1839 SE Federal HWY
Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

U.S.A.

Zip

34994

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/02

5. FEI Number

03-473293

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

Juan Longines

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

1839 S.E. FEDERAL HWY.

Suite, Apt. #, Etc.

City

STUART, FL

State

FL

Zip Code

34994

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

02/23/2006

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	Longines, Juan	1625 TRUMPET LN.	PORT ST. LUCIE, FL 34984

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:

JUAN LONGINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-23-2006

Daytime Phone #

7722208185

CR2E081 (10/02)

202

February 23, 2005

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

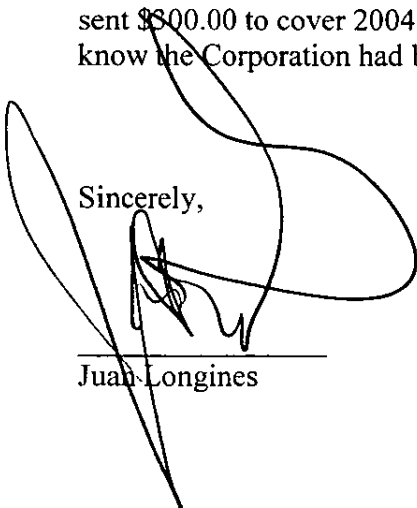
Re: LONGINES INTERNATIONAL CORP.
P02000056633
Reinstatement

?

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2006 Annual Report. I have previously sent \$500.00 to cover 2004 and 2005. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,



Juan Longines