

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000064341**

1. Corporation Name

**LIMOS OF MIAMI, INC.**

2. Principal Office Address

**8366 N.W. 142 ST.**

Suite, Apt. #, etc.

City & State

**MIAMI LAKES, FL**

Zip

**33016**

Country

3. Mailing Office Address

**8366 N.W. 142 ST.**

Suite, Apt. #, etc.

City & State

**MIAMI LAKES, FL**

Zip

**33016**

Country

**REINSTATEMENT**

**03**

**300024564983**  
**11/10/03--01068--005 \*\*150.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06.11.2002**

5. FEI Number

**02-0613493**

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

**CARRILES ACCOUNTING SERVICES.**

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

**5334 SW 135TH COURT**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33175**

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

**10.30.03**

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
P	RIVIERA, JOHN E	8366 NW 142 ST.	MIAMI LAKES, FL 33016
V	FANDINO, ERIC F.	14839 Breckness Place	MIAMI LAKES, FL 33016

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

**10.30.03 205.218.6526**

Date

Daytime Phone #

**LIMOS OF MIAMI, INC.  
8366 NW 142 ST.  
MIAMI LAKES, FL 33016**

October 30, 2003

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500**

Reference: Document # P02000064341

Dear Sir or Madam:

Please accept the attached check in the amount of US \$ 150.00 for the filing of the 2003 Uniform Business Report. The reason the report was not file on time was because I never received any of the applications'. This year was my first time filing the annual report and I was unaware of the entire procedure therefore I did not call you before to question the non-arrival of the application.

It only until a few weeks ago that I hired an accountant and he was the one that advised me of this requirement. I proceeded to call your department and one of your representatives advised me to write this letter explaining the reason for not filing the report.

Please accept my apologies as I promise that this will be the only time I will be late in filing the annual report.

If you have any questions, please call me at 305-218-6526

Best regards,



Jhon Riviera  
President