

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066708

1. Corporation Name

LIZCANO INVESTMENT, INC.

Principal Place of Business

Mailing Address

~~407 LINCOLN ROAD, #5B
MIAMI BEACH FL 33139~~

~~407 LINCOLN ROAD, #5B
MIAMI BEACH FL 33139~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3019 NW 7th Street

3. New Mailing Office Address, If Applicable

3019 NW 7th Street

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

03-0459325

Applied For

Not Applicable

City & State
Miami FLORIDA

City & State
Miami FLORIDA

Zip
33125

Country
Dade

Zip
33125

Country
Dade

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LIZCANO, GEORGE	407 LINCOLN ROAD, #5B	MIAMI BEACH FL 33139
PD	LIZCANO George	3019 NW 7th Street Miami FL 33125	Miami FL 33125

200024102622

10/27/03--01021--009 **150.00

8. Name and Address of Current Registered Agent

LIZCANO, GEORGE

~~407 LINCOLN ROAD, #5B
MIAMI BEACH FL 33139~~

9. Name and Address of New Registered Agent

Name

LIZCANO George

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

3019 NW 7th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

George Lizcano
REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

George Lizcano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

Daytime Phone #

CR20040 (7/03)

Lizcano Investment, Inc
3019 NW 7th Street
Miami, FL 33125
October 20, 2003

Division of Corp.
Annual Report/Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam

Enclose please find my reinstatement form and a check for \$150.00. Please note that my business address has change. My new address is on my letterhead. I never recieved any notice from the state. The person living at my "old" address gave me this notice. Please accept my check and Reinstaten my company.

Sincerely

George Lynn
Coraal Lizcano