

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 AM 10:32

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000067832

1. Corporation Name

LEGALU, INC.

REINSTATEMENT 03

2. Principal Office Address

9595 COLLINS AVE

Suite, Apt. #, etc.

11-J

City & State

SURFSIDE, FL

Zip

33154

Country

MIAMI-DADE

3. Mailing Office Address

9595 COLLINS AVE

Suite, Apt. #, etc.

11-J

City & State

SURFSIDE, FL

Zip

33154

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

10/21/03 01022 020 \$750.00

7. Name and Address of Current Registered Agent

Name

LEONARDO ASTRADA

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

9595 COLLINS AVE.

Suite, Apt. #, Etc.

11-J

City

SURFSIDE

State
FL

Zip Code

33151

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

Date 10/NOV/2003

REGISTERED AGENT MUST SIGN

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
PSTO	LEONARDO ASTRADA	9595 COLLINS AVE. # 11-J	SURFSIDE, FL 33154

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/NOV/2003

Date

305-357-1093

Daytime Phone #

CFR2001 (10/02)