

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000074914

1. Corporation Name

LUPAL, INC.

2. Principal Office Address

1149 SW 27 AVE

Suite, Apt. #, etc.

202

City & State

MIAMI, FLORIDA

Zip

33135

Country

USA

3. Mailing Office Address

1149 SW 27 AVE

Suite, Apt. #, etc.

202

City & State

MIAMI, FL

Zip

33135

Country

USA

REINSTATEMENT

FILED
05 DEC -9 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000062131690

12/14/05--01007--008 **150.00

T. Robona DEC 10 9/2003

CR2E081 (8/05)

6/21/04 90003 003 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

07-10-02

5. FEI Number

02-0630473

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

ALEJANDRO NEGREIRA

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

2293 SW 24TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

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
PD	ALEJANDRO NEGREIRA	2293 SW 24TH TERRACE	MIAMI, FL 33145

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

Date

305-490-1846

Daytime Phone #

ps 2 23

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT I NEVER RECEIVE THE FIRST NOTICE ON 2004 TO PAY THE ANNUAL FEE FOR MY COMPANY BUT THEN I SUBMITTED THE ANNUAL REPORT FORM ALONG WITH THE PAYMENT OF \$150.00 AND I NEVER RECEIVED ANY NOTICE OR CONFIRMATION FROM YOUR OFFICE, BUT I AM ATTACHING A COPY OF THE CASHED CHECK BY THE DEPARTMEN OF STATE.

AS PER YOUR INSTRUCTION I AM ATTACHING THE 2005 REINSTATEMENT ALONG WITH THE 2005 PAYMENT, IN ORDER TO PUT MY COMPANY IN THE NORMAL STATUS.

THANK YOU FOR ALL YOUR HELP IN THIS MATTER. AND IF YOU HAVE ANY QUESTION PLEASE DO NOT HESITATE TO CONTACT US.

CORDIALLY YOURS,



ALEJANDRO NEGREIRA
PRESIDENT

LUPAI INC
2298 DOUGL ST
MIAMI, FL 33134

97 2 43

26-14

63-1/6 N

PAY
TO THE
ORDER OF

MEMO

6/9/2004

\$150.00

One Hundred Fifty

DOLLARS

Florida

MEMO

020000741



THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT ANGLE TO VIEW

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1000000700

JUN 21 2004

DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

58660

JUN 23 04

BANK OF AMERICA NA JAX
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06/23/04

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2/04
160 46