

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -9 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

102-122728
Tucen Company

200032469702
04/12/04--01067--004 **150.00

2. Principal Office Address

511 S.W. 16 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

511 S.W. 16 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33135

Country

USA

City & State

MIAMI, FL.

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

27-0036800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Luis Tucen

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

511 S.W. 16 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

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

Luis Tucen
REGISTERED AGENT MUST SIGN

Date

04/5/04

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/D	Luis Tucen	511 S.W. 16 AVE	MIAMI, FL 33135

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:

Luis Tucen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04 3056420053
Date Daytime Phone #

CR2E081 (01/04)

Tucen company

March 15, 2004

Division of Corporations
Reinstatements
P.O. BOX 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed please find a check in the amount of One Hundred and Fifty dollars (\$150.00)
for Reinstatement of Tucen Company Federal EIN 27-0036800

Did not receive the Annual Business Report. Would like late fees to be waved

Please send any future documents to the following address:

Tucen Company
511 SW 16 Ave
Miami, FL 33135

Sincerely,


Luis Tucen

PO2-122728