

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 30 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131544

1. Corporation Name

LORESMA, INC.

9495 SUNSET DR.

9495 SUNSET DR.

2. Principal Office Address

9495 SUNSET DR.

3. Mailing Office Address

9495 SUNSET DR.

Suite, Apt. #, etc.

B-235

Suite, Apt. #, etc.

B-235

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

46-0511615

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

LINARES, OSMANY

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

9495 SUNSET DR.

Suite, Apt. #, Etc.

B-235

City

MIAMI

State

FL

Zip Code

33173

800039786678
08/02/04--01058--009 **300 00

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

7/30/04

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
PD	LINARES, OSMANY	9495 SUNSET DR. B-235	MIAMI, FL. 33173

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

7/30/04

Daytime Phone #

CR2E081 (01/04)

9495 Sunset Dr., Ste B-235
Miami, Florida 33173

282

LORESMA, INC.

July 29, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

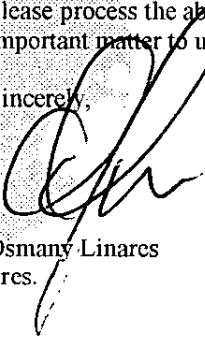
RE: Loresma, Inc. Doc #P02000131544

Dear Sir or Madam:

Per your instructions, enclosed please find a Reinstatement form for the above referenced corporation. Please note that you have the incorrect address for this corporation. Also, as we informed you, we never received the 2003 or the 2004 Uniform Business Report from you. Perhaps is because you had the incorrect address, or perhaps the documents were lost in the mail.

In any event, enclosed is also a check payable to Department of State for the 2003 and 2004 fees. Please process the above and reinstate our corporation. As you can understand this is a very important matter to us. Thank you for your assistance.

Sincerely,



Osmany Linares
Pres.