

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 20 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135051

1. Corporation Name

LILO'S DELICATESSEN, INC.

REINSTATEMENT 03

700023956337
10/20/03--01057--003 **150.00

2. Principal Office Address

104 WEST MOWRY DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

Zip

33030

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3729771

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

LUIS VILLA

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

104 WEST MOWRY DR

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030

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 10/16/2003

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
P/D	LUIS VILLA	104 WEST MOWRY DR	HOMESTEAD, FL 33030
S/T/D	(DELETE) JUAN CARRION	104 WEST MOWRY DR	HOMESTEAD, FL 33030
S/T	(ADD) JESUS CARDENAS	104 WEST MOWRY DR.	HOMESTEAD, FL 33030

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)(l), 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

10/16/2003 (305) 242-4131

Date

Daytime Phone #

CR2E081 (10/02)

2/11/22

**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
Lilo's Delicatessen, Inc.
DOCUMENT # P02000135051**

October 16, 2003

To Whom It May Concern:

I am sending this letter to explain the reason why I did not send to you the form applied for the annual report 2003. I never received the form required and the second letter dated September 10, 2003.

If you have any question do not hesitate to contact me at (305) 242-4131

Sincerely,



Luis Villa
President