

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -8 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000036063

1. Corporation Name

LOT CABINET CORP.

2. Principal Office Address

6922 N.W. 179 ST

Suite, Apt. #, etc.

203

City & State

MIAMI, FL

Zip

33015

Country

U.S.A.

3. Mailing Office Address

6922 N.W. 179 ST

Suite, Apt. #, etc.

#203

City & State

MIAMI, FL

Zip

33015

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-0522417

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 O TORRES

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

6922 N.W. 179 ST

Suite, Apt. #, Etc.

203

City

MIAMI

State

FL

Zip Code

33015

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 10/6/2004

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	LUIS O. TORRES	6922 N.W. 179 ST # 203	MIAMI, FL 33015
TD	SOFIA HUIVIN	6922 N.W. 179 ST # 203	MIAMI, FL 33015

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10/18/04--01088--020 **150.00

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

10/6/2004

Date

305-557-7325

Daytime Phone #

CR2E081 (01/04)

LOT CABINET CORP.

6922 N.W. 179 ST # 203

MIAMI, FL 33015

305-557-7325

Miami, October 6, 2004

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

Ref: LOT CABINET CORP. DOC: P03000036063

Dear Sir

As per our conversation today, Adj. is the copy of the check # 1143 in the amount of 150.00 as payment for the reinstatement of the corporation for this year and explanation of my situation.

The area where we lived CAPE CORAL, FLORIDA was destroyed by the HURRICANE and I was forced to move back to MIAMI, now I am trying to get back in business, most of my business documentation was lost or soaked, today I went to renew my license and they inform to me that the corporation was closed for no renewal.

Please update the new address in your systems and thanks very much for your help.



Luis O. Torres