

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -3 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000051276

1. Corporation Name

LAKEC EXPORT INC

2. Principal Office Address - No P.O. Box #

7955 NW 12TH STREET

Suite, Apt. #, etc.

SUITE 400

City & State

DORAL, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

7955 NW 12TH STREET

Suite, Apt. #, etc.

SUITE 400

City & State

DORAL, FLORIDA

Zip

33126

Country

USA

REINSTATEMENT 06-08^{KS}
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 03/22/04

5. FEI Number
20-0903820

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

EDUARDO CRUZ

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

7955 NW 12TH STREET

Suite, Apt. #, Etc.

SUITE 400

City

DORAL

State

FL

Zip Code

33126

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 JULY 2, 2008

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
PVPST	EDUARDO CRUZ	7955 NW 12TH STREET, STE 400	DORAL, FLORIDA 33126

300132465713
07/08/08--01014--009 **450.00

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 contained in Chapter 119, 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

7/2/08

Date

Daytime Phone #

LAKEC EXPORT INC.
7955 N.W. 12th Street, Suite 400
Miami, FL 33126

July 02, 2008

Doc. # P04000051276

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the years 2006, 2007, and 2008. I recently noticed that my corporation was inactive when I recently checked the status of my corporation on the internet. As of today, I have never received any notification to renew my corporation. Today, I called someone at your office and I was instructed to write a letter explaining what had happened. Attached, you will find the reinstatement form along with a check for the amount of \$450.00 (\$150 per year), the way I had been instructed to do by your office. I ask that you please waive the late penalties that are being charged. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Thank you,



Eduardo Cruz,
President