

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 SEP 19 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000108570

1. Corporation Name

Lienzo International, Corporation

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

2151 Ocoee Apopka Road

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761

Country

USA

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
CR2E081 (12/07)

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2004

5. FEI Number

201399170

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

Jaime Garcia

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

17050 Hartwood Marsh Rd.

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

☒ 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

9/19/08

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
Pres	Jaime Garcia	17050 Hartwood Marsh Rd.	Ocoee, FL 34787

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/19/08

407-947-5285