

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY -1 AM 8:08

DOCUMENT # P05000069311

1. Corporation Name

LUCIA'S TRAVEL INC.

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

15800 S.W. 141 CT

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI - FL

Zip

33177

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

800155140628
05/01/09--01060--015 **750.00

REINSTATEMENT 06-09Ks

05-10-05

5. FEI Number

51-0543128

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

LOUIS F. CAST

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

4805 N.W. 79 AVENUE #

Suite, Apt. #, Etc.

9

City

DORAL

State

FL

Zip Code

33166

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/29/05

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	LUCIA H. SCORPO	15800 S.W. 141 CT	MIAMI, FL. 33177
VP	ADRIAN S. SCORPO	15800 S.W. 141 CT	MIAMI, FL. 33177
S	LUCIA H. SCORPO	15800 S.W. 141 CT	MIAMI, FL. 33177
T	CINDY SCORPOLUCAS	15800 S.W. 141 CT	MIAMI, FL. 33177

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

305 278-5875

Daytime Phone #