

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000088745

1. Entity Name
LU AND LU RESTAURANT INC.



Principal Place of Business
1386 S. FEDERAL HWY
POMPAÑO BEACH, FL 33062

Mailing Address
1386 S. FEDERAL HWY
POMPAÑO BEACH, FL 33062

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 07

4. FEI Number
20-3033020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUADALUPE UTRILLA, MIRTA
1386 S. FEDERAL HWY
POMPAÑO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GUADALUPE UTRILLA, MIRTA
1386 S. FEDERAL HWY
POMPAÑO BEACH, FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
UTRILLA, LUIS
1386 S. FEDERAL HWY
POMPAÑO BEACH, FL 33062

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700112729147
11/30/07--01049--002 **150.00

TITLE
NAME
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Luis Utrilla Luis Utrilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/07 (944) 9460963

Date Daytime Phone #

APPROVED
AND
FILED

07 NOV 30 AM 11:31

12-3-07
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

