

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000092145

1. Corporation Name

Lulu's Caribbean Cuisine

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

4759 Raleigh St

Suite, Apt. #, etc.

City & State

ORlando FL

Zip

32811 orange

3. Mailing Office Address

2093 San Jose Blvd

Suite, Apt. #, etc.

City & State

ORlando FL

Zip

32808 Orange

**7. Name and Address of Current Registered Agent**

Name

Lucy Alvarez

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

2093 San Jose Blvd

Suite, Apt. #, Etc.

City

ORlando

State

FL

Zip Code

32808

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

Lucy Alvarez

REGISTERED AGENT MUST SIGN

Date

4/1/08

**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
<u>P</u>	<u>Lucy Alvarez</u>	<u>2093 San Jose Blvd</u>	<u>ORlando FL 32808</u>

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

Lucy Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

321-229-5268

Daytime Phone #

FILED

08 APR -8 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100122640311  
04/09/08--01002--012 \*\*\$35.00

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

June 29/05

5. FEI Number

203070643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

20,4/9