

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION.  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB -2 PM 3: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p05000115523

1. Corporation Name

Lira Sod Inc.

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

310 augusta rd ne

3. Mailing Office Address

310 augusta rd ne

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

lake placid florida

City & State

lake placid florida

Zip

33852

Country

highlands

Zip

33852

Country

highlads

**REINSTATEMENT**

CRZE081 (12/08)

07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/2005

5. FEI Number

203333075

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

jose l lira

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

310 augusta rd ne

Suite, Apt. #, Etc.

City

lake placid

State

FL

Zip Code

33852

☒ 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

*Jose Lira*

REGISTERED AGENT MUST SIGN

Date 1/27/2009

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
pd	jose m lira	1713 circle dv	lake placid, florida. 33852
vpd	pedro lira	304 augusta rd ne	lake placid, florida. 33852
std	jose l lira	310 augusta rd ne	lake placid, florida. 33852

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:

*Jose Lira*

Jose L. Lira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2009

Date

863-441-0762

Daytime Phone #