

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 22 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000120576

1. Corporation Name

LUCAS LECHUGA, P.A.

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

4649 Ponce De Leon Blvd

Suite, Apt. #, etc.

SUITE 400

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

3. Mailing Office Address

888 BISCAYNE BLVD

Suite, Apt. #, etc.

Apt. 2812

City & State

MIAMI, FL

Zip

33132

Country

USA

300158808643
07/22/09--01034--011 **1208.75

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

08-30-2005

5. FEI Number

65-1263105

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

LUCAS LECHUGA

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

888 BISCAYNE BLVD

Suite, Apt. #, Etc.

Apt. 2812

City

MIAMI

State

FL

Zip Code

33132

☐ 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 7-19-2009

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 |
|--------|--------------------------------------|---|--------------------|
| P | LUCAS LECHUGA | 888 BISCAYNE BLVD #2812 | MIAMI/FL/33132 |
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-2009

Date

786-247-6332

Daytime Phone #