

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 JAN 16 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000132714

1. Corporation Name

Loly's International Corp

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

3651 NW 110 Lane

3. Mailing Office Address

3651 NW 110 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

700140990177  
01/16/09--01037--012 \*\*450.00

**REINSTATEMENT** 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-1926705

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  
Valentin Rodriguez

Street Address (P.O. Box Number is Not Acceptable)  
3651 NW 110 Lane

Suite, Apt. #, Etc.

City  
Coral Springs

State  
FL

Zip Code  
33065

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date Jan, 14, 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
VP	Eloy Rodriguez	3651 NW 110 Lane	Coral Springs, FL 33065
P	VALENTIN RODRIGUEZ	3651 NW 110 LANE	CORAL SPRINGS, FL 33065

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/09

Date

(954) 678-8877

Daytime Phone #

11220