

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 APR 19 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P08000085592**

1. Corporation Name

**L.&C. SERVICE OF SOUTH FLORIDA, INC**

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

**5504SW 131 CT**

Suite, Apt. #, etc.

3. Mailing Office Address

**5504SW 131 CT.**

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**MIAMI FL.**

Zip

**33175**

Country

**USA**

Zip

**33175**

Country

7. Name and Address of Current Registered Agent

Name

**Carlos Triana**

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

**5504SW 131 CT**

Suite, Apt. #, Etc

City

**Miami**

State

**FL**

Zip Code

**33175**

**REINSTATEMENT**

CR2E081 (11/10)

**11-12**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09-11-2008**

5. FEI Number  
**26-3383107**

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**800207323038**  
**05/06/11--01033--016 \*\*150.00**  
**800207323038**  
**04/20/12--01003--002 \*\*150.00**

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

Date

**4-3-12**

REGISTERED AGENT MUST SIGN

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	Carlos Triana	5504SW 131 CT	Miami FL 33175
VP	Gloria @ Triana	5504SW 131 CT	Miami FL 33175
		Due to Clerical error Per SPT.	

10. E-mail Address:  **triana4@me.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-3-12. 786)2364326**

Daytime Phone #