

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 8:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P92000006775**

1. Corporation Name

LUBIN'S DEVELOPMENT CORP.

Principal Place of Business

7816 N.E. 2ND AVENUE
 MIAMI FL 33138

Mailing Address

7816 N.E. 2ND AVENUE
 MIAMI FL 33138



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/23/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0376111

Applied For

Not Applicable

City, State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LUBIN, MICHEL	7816 NE 2ND AVE 7831 NE 2ND AVE	MIAMI FL 33138
ST	ST. PREUX, ESTHER	7816 NE 2ND AVE 7831 NE 2ND AVE	MIAMI FL 33138

5010009308705
 12703702--01013--011 **600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MICHEL LUBIN, MICHEL~~
~~7816 N.E. 2ND AVENUE~~
 MIAMI FL 33138
 MICHEL
 LUBIN, MICHEL
 7831 NE 2

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-26-02

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., 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 under section 119.07(3)(i), 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: ~~ESTHER ST. PREUX~~ ESTHER ST. PREUX
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/02 (305) 758-0398
 Date Daytime Phone #

CR20040 (8/02)