

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 23 PM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030569

1. Corporation Name
LUSA OF MIAMI CORP.

Principal Place of Business Mailing Address
1157 S.W. 23rd Avenue 1157 S.W. 23rd Avenue
Miami, FL 33135 Miami, FL 33135

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
1157 S.W. 23rd Avenue 1157 S.W. 23rd Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida Miami, Florida

Zip Country Zip Country
33135 USA 33135 USA

REINSTATEMENT 94-98

4. Date Incorporated or Qualified
To Do Business in Florida 4/27/93

5. FEI Number Applied For
65-0435875 Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	GONZALEZ, Luis E.	1157 SW 23rd Avenue	Miami, Florida 33135
V.P. Sec.	GONZALEZ, Maria Susana R.	1157 SW 23rd Avenue	Miami, Florida 33135

200002674132-0
-10/28/98-01031-023
***1350.00 ***1350.00

10/21/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Luis E. Gonzalez
1157 SW 23rd Avenue
Miami, Florida 33135

Name
Luis E. Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
1157 S.W. 23rd Avenue
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33135

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.

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

Date 10/21/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10/21/98 945-1492
Date Daytime Phone #

CR2E040 (1/88)