

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -7 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


100023622581

10/07/03--01066--032 **150.00

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03

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # **PA3000036152**

1. Corporation Name
LMT ASSOCIATES, INC

2. Principal Office Address
9640 NW 49 ST

Suite, Apt. #, etc.

City & State
SUNRISE, FL

Zip
33351

Country
US

3. Mailing Office Address
9640 NW 49 ST

Suite, Apt. #, etc.

City & State
SUNRISE, FL

Zip
33351

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0413499

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
GRACE BOSCO

Street Address (P.O. Box Number is Not Acceptable)
9640 NW 49 ST.

Suite, Apt. #, Etc.

City
SUNRISE

State
FL

Zip Code
33351

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 **9/15/03**


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
PD	GRACE BOSCO	9640 NW 49 ST SUNRISE, FL 33351	

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 under section 119.07(3)(l), 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



Date **9/15/03**

Daytime Phone # **(904) 749-3789**

2/10/04

CR2E081 (10/02)

Uniform Business Report
Division of Corporations
P.O.Box 1500
Tallahassee, Fl 32302-1500

Re: LMT Associates, Inc.
EIN#: 65-0413499

To whom it may concern,

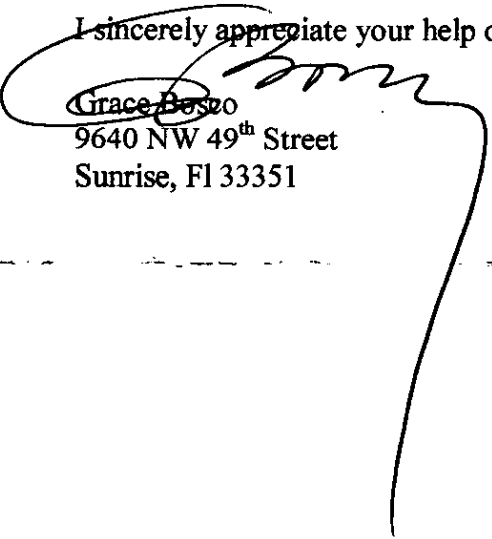
This letter is to inform you that due to a troubled divorce, all my correspondence have been misplaced or miss-routed and I had just realized that the fees for the 2003 filing of the Corporation have not been sent. I have been under a tremendous amount of stress and financial hardship, that is why I'm asking that you please accept the normal fee of \$ 150.00. This is the first time that the Corporation has been late in filing.

I do not have the original document form. Please note that the mailing address for the Corporation has changed to

9640 NW 49 Street
Sunrise, Fl 33351

The rest of the information remains the same.

I sincerely appreciate your help on this matter.


Grace Basco
9640 NW 49th Street
Sunrise, Fl 33351