

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050139

1. Corporation Name

LERAMAR, INC.

Principal Place of Business

Mailing Address

4340 E. 10th Court
Hialeah, FL 33010

4340 E. 10th Court
Hialeah, FL 33010

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

2. New Principal Office Address, If Applicable

7702 N.W. 56th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7702 N.W. 56th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

U.S.A.

City & State

Miami, FL

Zip

33166

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/93

5. FEI Number

65-0424610

Applied For

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JOSE L. TRIANA	1331 W. 43rd PLACE	HIALEAH, FL 33012
T	FERMIN BESU	7218 W 34th AVE	HIALEAH, FL 33016

8. Name and Address of Current Registered Agent

JOSE L. TRIANA
1331 W. 43RD PLACE
Hialeah, FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

08-25-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side of form for
information on intangible taxes)

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:

Jose L. Triana

305-594-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 90-99

CR2E01 (12/98)