APPLICATION AND APPLICATION			
	FLORIDA DEPART	MENT OF STATE	
オップ : Wistin TEXT	Katherin	e Harris	
FOR	Secretary	of State	APPROVED
REINSTATEMENT	DIVISION OF CO		AND
DOCUMENT # POZ- 11/0-			
· •	064900		•
Corporation Name			99 DEC 30 PH 1:01
LEMUS SERVIC	ES, INC		į daras ir d
			SECRETARY OF STATE
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
101 1 1-			
1840 W 49M ST. SUITE 106			·
l a		•	
HIALEAH, FL.	22010		
If above addresses are incorrect in any way, line thro			
New Principal Office Address, If Applicable	New Mailing Office Addr	ess, If Applicable	Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	pt. #, etc. Suite, Apt. #, etc.		9/15/93
			5. FEI Number Applied For
City & State	City & State		65-043L435 Not Applicat
Zip · Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED
,			CENTIFICATE OF STATOS DESIRED LT
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit o		
Name of Officers Title(s) and/or Directors		Street Address of Each Officer and/or Director	
1 2	3 (Do N	NOT Use Post Office Box N	
107100/-	18400	0 44 5V. 77	1/1/201 =/ 2-30
U LAZAIZO LEN	US HIALE		33010 FINCEAN, FC. 33010 \$ 106 33010 HIACEAN, FC 3301
1 (101)	ORRE HIBL	W 49 St. 7	7/06
D CARCO CATE	OKICE HIAL	EAH, FL:	33010 HIALEAM. F L-7301
<u> </u>			1947
		REALT	911_
	TORRE	ALEVIEW .	
	BEING		
	BEILIGALI		-01/12/00~-01005008 ****750.00 ****750.00
	BEIRS	in the second	-01/12/00~-01005008
	BEM	the birth to the second to the	
8. Name and Address of Current F		er to be the second to the sec	
	Registered Agent	Name	****750.00 ****750.00
	Registered Agent		*****750.00 *****750.00
	Registered Agent		****750.00 ****750.00
TARLO LATTORES. 1840 W 49 ST. 1	Registered Agent		9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)
	Registered Agent	Street Address (F	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)
TARLO LATTORES. 1840 W 49 ST. 1	Registered Agent	Street Address (F	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)
TARLO LATTORES. 1840 W 49 ST. 1	Registered Agent E # 106 33010	Street Address (F Suite, Apt. #, Etc.	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zho Code FL
ALLO LATTORES 1840 W 49 ST. 7 HIACEAH, F.C. 10. 1, being appointed the registered agent of the above Signature of P. L. T.	Registered Agent E # 106 33010	Street Address (F Suite, Apt. #, Etc.	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zip Code FL bligations of Section 607.0505, F.S.
1840 w 49 St. 7 HIACEAN, FC. 10. 1, being appointed the registered agent of the above Signature of Registered Agent	Registered Agent E # 106 33010	Street Address (F Suite, Apt. #, Etc. City niliar with and accept the of	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zho Code FL
1840 w 49 St. 7 HIACEAM, FC. 10. 1, being appointed the registered agent of the above Signature of Registered Agent	Registered Agent F F O O O O O O O O O O O	Street Address (F Suite, Apt. #, Etc. City niliar with and accept the of	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zip Code FL bligations of Section 607.0505, F.S.
1840 w 49 St. 7 HIACEAN, FC. 10. 1, being appointed the registered agent of the above Signature of Registered Agent 11. This corporation owes the	Registered Agent H 106 33010 We named corporation, am fam GISTERED AGENT MUST SI CUrrent year	Street Address (F Suite, Apt. #, Etc. City iiliar with and accept the of	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zip Code FL bligations of Section 607.0505, F.S. Date 12.29-99
1840 w 49 St. 7 HIACEAM, FC. 10. 1, being appointed the registered agent of the above Signature of Registered Agent	Registered Agent H 106 33010 We named corporation, am fam GISTERED AGENT MUST SI CUrrent year	Street Address (F Suite, Apt. #, Etc. City iiliar with and accept the of	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zio Code FL Date 12-29-99 (See other side for information
10. 1, being appointed the registered agent of the above Signature of Registered Agent 11. This corporation owes the Intangible Personal Proper	Registered Agent A 106 A 106 We named corporation, am farm GISTERED AGENT MUST SI CURRENT YEAR Ty Tax due June (Ver or trustee empowered to experience)	Street Address (F Suite, Apt. #, Etc. City milliar with and accept the of GN Yes recute this application as p	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zo Code FL bligations of Section 607.0505, F.S. Date Z-29-99 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filing
10. 1, being appointed the registered agent of the above Signature of Registered Agent 11. This corporation owes the Intangible Personal Proper 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso	Registered Agent A 106 A 106 We named corporation, am farm GISTERED AGENT MUST SI CURRENT YEAR Tax due June (Ter or trustee empowered to ex- Julion has been eliminated, the	Street Address (F Suite, Apt. #, Etc. City milliar with and accept the of GN Yes eccute this application as p	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zip Code FL bligations of Section 607.0505, F.S. Date 12.29-99 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees
10. 1, being appointed the registered agent of the above Signature of Registered Agent 11. This corporation owes the Intangible Personal Proper 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso	Registered Agent A 106 A 3010 We named corporation, am fam GISTERED AGENT MUST SI CUrrent year ty Tax due June (We re or trustee empowered to ex- lution has been eliminated, the ames of individuals listed on the	Street Address (F Suite, Apt. #, Etc. City iiliar with and accept the of GN Yes eccute this application as p ecorporate name satisfies his form do not qualify for	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zhalcode FL bligations of Section 607.0505, F.S. Date 12.29-99 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information in Eq. (1).
10. 1, being appointed the registered agent of the above Signature of Registered Agent 11. This corporation owes the Intangible Personal Proper 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolved by the corporation have been paid and the new proper of the second proper of the received by the corporation have been paid and the new proper of the second proper of the reason for dissolved by the corporation have been paid and the new proper of the reason for dissolved pro	Registered Agent A 106 A 3010 We named corporation, am fam GISTERED AGENT MUST SI CUrrent year ty Tax due June (We re or trustee empowered to ex- lution has been eliminated, the ames of individuals listed on the	Street Address (F Suite, Apt. #, Etc. City iiliar with and accept the of GN Yes eccute this application as p ecorporate name satisfies his form do not qualify for	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zhalcode FL bligations of Section 607.0505, F.S. Date 12.29-99 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information in Eq. (1).
10. 1, being appointed the registered agent of the above Signature of Registered Agent 11. This corporation owes the Intangible Personal Proper 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolved by the corporation have been paid and the new proper of the second proper of the received by the corporation have been paid and the new proper of the second proper of the reason for dissolved by the corporation have been paid and the new proper of the reason for dissolved pro	Registered Agent A 106 A 3010 We named corporation, am fam GISTERED AGENT MUST SI CUrrent year ty Tax due June (We re or trustee empowered to ex- lution has been eliminated, the ames of individuals listed on the	Street Address (F Suite, Apt. #, Etc. City iiliar with and accept the of GN Yes eccute this application as p ecorporate name satisfies his form do not qualify for	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zip Code FL bligations of Section 607.0505, F.S. Date Z29-99 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information in the real content of the
10. 1, being appointed the registered agent of the above Signature of Registered Agent 11. This corporation owes the Intangible Personal Proper 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolved by the corporation have been paid and the new proper of the second proper of the received by the corporation have been paid and the new proper of the second proper of the reason for dissolved by the corporation have been paid and the new proper of the reason for dissolved pro	Registered Agent A 104 33010 We named corporation, am fam GISTERED AGENT MUST SI CURRENT YEAR Ty Tax due June Wer or trustee empowered to exclution has been eliminated, the ames of individuals listed on to inature shall have the same legional trustee among the same legional trus	Street Address (F Suite, Apt. #, Etc. City iiliar with and accept the of GN Yes eccute this application as p ecorporate name satisfies his form do not qualify for	9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State ZapCode FL bligations of Section 607.0505, F.S. Date 12 · 29 - 99 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information is a section of the se