

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

FILED

99 OCT 12 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082036

1. Corporation Name

LD SOLUTIONS, INC.

Principal Place of Business

15434 NW 77TH CT  
MIAMI LAKES FL 33016

Mailing Address

1411 W. 49 ST.  
HALEAH FL 33012



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

12/01/1993

5. FEI Number

65-0450112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 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	PRIETO, RENATO	<del>910 NE 104 ST</del> 4030 PALMETTO TRAIL	<del>N MIAMI BEACH FL</del> WESTON, FL, 33331

8. Name and Address of Current Registered Agent

TRAGER, ROSS CPA  
1000 NORTH HIATUS ROAD  
PEMBROKE PINES FL 33086

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

10/13/99

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:

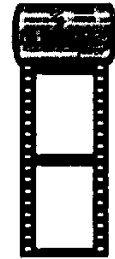
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99 305-362-3686  
Date Daytime Phone #

06/24/99 90012 037 18000

# LAKE'S CAMERA

1411 West 49th Street  
Hialeah, Florida 33012  
(305) 362-3686  
(305) 827-1654 (fax)



15434 N.W. 77th Court  
Miami Lakes, Florida 33014  
(305) 556-3686  
(305) 556-3262 (fax)

Florida Division of Corporations  
Mr. Tyron Scott  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl., 32314-6327

10-14-99

Dear Mr. Scott:

As per my resent telephone conversation with you, I am requesting  
A one time waiver of the penalty fees reference to the filling of the  
Corporate annual report.

*Did not receive any notice back*

We were not aware of the dissolution of the corporations until we seeked  
A loan from our bank and were advised by them of the situation.

The bank cannot continue with the loan process without the reinstatement  
Of the corporations.

Needless to say time is of the essence. And anything you can do to expedite  
The reinstatement will be greatly appreciated

Thanking you in advance for your kindness and diligence in this matter

I remain Sincerely yours,

Rene Prieto

