

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 16 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013648

1. Corporation Name

Lourdes Holding Corporation

500023861135
10/16/03--01073--021 **1050.00

2. Principal Office Address

1325 SW 1st Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33135

Country

U.S.A.

3. Mailing Office Address

1325 SW 1st Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33135

Country

U.S.A.

REINSTATEMENT 0103

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/94

5. FEI Number

65-0514594

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

Federico Dumenigo

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

1325 SW 1st Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

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

X Federico Dumenigo

Date 10/15/03

REGISTERED AGENT MUST SIGN

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
P/D	Federico Dumenigo	1325 SW 1st Street	Miami, FL 33135

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)(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:

X Federico Dumenigo

Federico Dumenigo

10/15/03

(305)631-0619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)