

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P0192

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 APR -9 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069520

1. Corporation Name

LUZ RESIDENTIAL, INC.

Principal Place of Business

651 E 49 ST
HIALEAH FL 33013
US

Mailing Address

651 E. 49TH ST
HIALEAH FL 33013

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

09/19/1994

5. FEI Number

65-0523312

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/VD	ALAYON, GRACIELA	613 E. 49TH STREET	HIALEAH FL 33014
P/VD	GONZALEZ ENRIQUEL	613 E 49th St	HIALEAH FL 33013
			800004014008--1 -04/17/01--01099--001 ****150.00 ****150.00
			800004014008--1 -04/17/01--01099--001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ALAYON, GRACIELA
613 E. 49TH STREET
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name
GONZALEZ ENRIQUEL
Street Address (P.O. Box Number is Not Acceptable)
651 E 49 St
Suite, Apt. #, Etc.
City
HIALEAH
State
FL
Zip Code
33013

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/00

Daytime Phone #

689 7384

CR2E040 (8/00)

19292

April 5, 2000

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

RE: Luz Residential (P94000069520)
651 East 49th Street
Hialeah, FL. 33013

Per our conversation I am requesting that you waive the penalty fees to reinstate this corporation as per our phone conversation. I never received the UBR Uniform Report for the reinstatement. I was having problems with my mail not being delivered to my business address.

Please understand my situation and waive the fees. I am enclosing \$350.00 per your request to be able to bring this corporation to an active status for the year 2001. This is my first request to waive any late penalty fees. Please mail any correspondence regarding this matter to my following mailing address to assure delivery: **651 East 49th Street, Hialeah, Florida 33013.**

Your help will be greatly appreciated!

Thank you,

Enrique Gonzalez
PVTD

EG:bms