

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000028719

1. Corporation Name

L.M. Management Corp.

2. Principal Office Address

3211 Ponce de Leon Blvd. 7534 SW 113 Court

Suite, Apt. #, etc.

#202

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

7534 SW 113 Court

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/95

5. FEI Number

65-0571718F

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

Efigenia L. McGuire

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

7534 SW 113 Court

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33173

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

(Attached)

REGISTERED AGENT MUST SIGN

Date

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	Leonard R. McGuire	3211 Ponce de Leon Blvd. Suite #202	Coral Gables, FL 33134
VP/Sec	Efigenia L. McGuire	7534 SW 113 Court	Miami, FL 33173

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-09/27/00--01013--024
1428.75--1358.75

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:

Leonard McGuire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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REINSTATEMENT 96-00

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0. COULLETTE SEP 28 2000
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Date

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