

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000047254

1. Corporation Name

L.C. EQUIPMENT CORP.

Principal Place of Business

15900 SOUTHWEST 72 TERRACE
MIAMI FL 33193

Mailing Address

15900 SOUTHWEST 72 TERRACE
MIAMI FL 33193



REINSTATEMENT *96aw*

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

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 06/16/1995 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0603725 | |
| | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |

\$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PSD | CARRERO, LISANDRO | 15900 SOUTHWEST 72 TERRACE | MIAMI FL 33193 |
| | | | |
| | | | |
| | | | |
| | | | |

800002046008--7
-01/03/97--01179--015
****375.00****375.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name *ELIZABETH CARRERO*
Street Address (P.O. Box Number is Not Acceptable)
15900 S.W. 72 Terr
Suite, Apt. #, Etc.
City *MIAMI* State *FL* Zip Code *33193*

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]
REGISTERED AGENT MUST SIGN

Date *12-16-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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

Lisandro Carrero 12-16-96

Date

Daytime Phone #

305-386-1804