

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

06/16/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

*65-0603725*

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
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

*ELIZABETH CARRERO*  
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)(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:

*Lisandro Carrero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*305-386-1804*