PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 FEB 27 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation DOCUMENT # P95000089566

Lizmar of South Florida,Inc
1784 West Flagler # 15
Miami-Fl 33135

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for Certificate of Status
11/22/1995	**65-0624246**	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)

Title	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
D/P/S	**Cabrera,Estela**	**1850 N.W. 9th Street**	**Miami-Fl 33125**

2/13/98

100002451881----2
-03/10/98--01033---015
****900.00 ****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Cabrera Estela
1850 N.W. 9th St
Miami, Fl 33125

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State Zip

FL

10. Having been named the registered agent to the above named corporation, I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X [signature] REGISTERED AGENT MUST SIGN Date 2/6/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ See other side for additional information

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No ☐ See other side for information on intangible tax.

I hereby certify that I am an officer or director of the corporation or the 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 607.1401 or 617.0401, F.S., and that all taxes owed by the corporation have been paid or provision for payment has been made. The information provided on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director X [signature] Date 2/6/98 Daytime Phone # (305) 541-4296

Typed or printed name of person signing above officer or director