

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ppp 10/2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -7 AM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009962

1. Corporation Name

LORRAINE ATHLETIC FORCE INC.

2. Principal Office Address

2480 N.W. 20th STREET

3. Mailing Office Address

2480 N.W. 20th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/96

5. FEI Number

65-0637334

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

MARIA SANTANA

200005112662-9

-03/18/02--01031--021

****300.00 ****300.00

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

7925 N.W. 12th STREET

Suite, Apt. #, Etc.

SUITE 318

City

MIAMI

State

FL

Zip Code

33126

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

[Signature]

Date 03/05/02

REGISTERED AGENT MUST SIGN

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	JESUS SANTANA	2480 N.W. 20th STREET	MIAMI, FLORIDA 33142
V/S	MARIA SANTANA	2480 N.W. 20th STREET	MIAMI, FLORIDA 33142
T	JENIFFER SANTANA	2480 N.W. 20th STREET	MIAMI, FLORIDA 33142

01-00 432

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/02

Date

305-470-7504

Daytime Phone #

P. Hernandez

*Lorraine Athletic Force Inc.
2480 North West 20th Street
Miami, Florida 33142*


March 5, 2002

Florida Department of State
Corporation Reinstatement

Dear Ms. Ulla

As per our conversation today March 5, 2002, I am sending the reinstatement for my corporation "**Lorraine Athletic Force Inc.**" Document number **P96000009962**, with a check for \$ 300.00. During the year 2001 the annual report was sent back to your office, by the post office. In September of 2001 we made some changes to our records and your office filed the changes, but failed to change the address on record. We never received the original report and we were not aware that our corporation had been dissolve. We ask that you please waive the penalty because it was not our fault that we never received the report As per your instructions I'm attaching a check for \$ 300.00 for last year annual report (2001) and this year report (2002). If you need further assistance regarding this matter, please do not hesitate to contact us at your convenience.

Very Truly Yours,


Maria Santana