

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 22 AM 11:39

DOCUMENT # P96000052137

1. Corporation Name

LRP IMPORT/EXPORT CORP.

Principal Place of Business

8228 NW SOUTH RIVER DRIVE  
MEDLEY FL 33166

Mailing Address

8228 NW SOUTH RIVER DRIVE  
MEDLEY FL 33166

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/1996

5. FEI Number

65-0678234

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	POMPA, LUIS R	347 S.W. 191 TERR	PEMBROKE PINES FL

100003033141--6  
-11/02/99--01101--011  
\*\*\*150.00 \*\*\*150.00

8/10/29

8. Name and Address of Current Registered Agent

POMPA, LUIS R  
347 SE 191 TERRACE  
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 10/15/99

11. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

Daytime Phone #

305-  
882-1488

CP22040 (8/99)

## LRP IMPORT / EXPORT CORP.

8228 NW South River Drive - Miami, FL 33166

Tel: (305) 882-1488 Fax: (305) 882-1688

e-mail: [lrpmiami@aol.com](mailto:lrpmiami@aol.com)

October 15, 1999.

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document P96000052137

Reinstatement Department:

We received the "Notice of Administrative Dissolution or Revocation". Please reinstate the corporation, however, please do not charge us the \$600.00 reinstatement fee.

The reason we did not pay the Annual Corporate Fee was because we did not receive the annual notice. Somehow we did not realize the failure to receive the Annual Corporate Fee and ended up not paying the annual \$150.00 fee in time.

We are sending a check for \$150.00 for the annual fee, and we respectfully request that you forgive the \$600.00 reinstatement fee.

Thank you for your attention to this matter.

Respectfully,



Luis R. Pompa  
President.