

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

91-99AR
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 900000052781

1. Corporation Name **LUCCI'S IMPORT & EXPORT OF MIAMI INC.**

Principal Place of Business Mailing Address
13740 SW 108 ST, MIAMI, FL 33186

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

2. New Principal Office Address, If Applicable SAME	3. New Mailing Office Address, If Applicable SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 06-20-96	Applied For Not Applicable
5. FEI Number 65-0673373	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
President	LUCIA ALAYON	13740 SW 108 ST	MIAMI FL 33186
			700002823067--3
			-03/30/99--01028--010
			****465.00 ****465.00

8. Name and Address of Current Registered Agent

LUCIA ALAYON
13740 SW 108 ST, MIAMI FL 33186

9. Name and Address of New Registered Agent

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

03-33-99
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 **Lucia Alayon**
REGISTERED AGENT MUST SIGN

Date **03-16-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Lucia Alayon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-99
Date

305 385 7789
Daytime Phone #

LUCCI'S IMPORT & EXPORT OF MIAMI INC.
13740 SW 108 ST MIAMI, FL 33186

20f2

Telephone: 305-385-7789
Fax: 305-385-8493

MIAMI, MARCH 16, 1999

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
Tallahassee, FL 32314
Att: Mss. Triber

REF : APPLICATION FOR REINSTATEMENT

Our Corporation doesn't have any resale Locations Our primary Activity is Buying from Manufactures and Distributors and then Export it to Overseas.

For this reason We think that we don't Owe any state taxes Because we don't collect any taxes.

Enclose the check for the amount of \$ 465.00 and the Complete form for Reinstatement.

If you have any question please call 305-385-7789 fax # 305-385-8493

Thank you in advance for the attention to this matter.

Sincerely,

LUCCI'S IMPORT & EXPORT OF MIAMI INC.


LUCIA ALAYON