

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 SEP 14 AM 9:36

DOCUMENT # P97000021897

1. Corporation Name

LOTTEM, INC.

600160135536  
08/31/09--01063--010 \*\*458.75

2. Principal Office Address - No P.O. Box #

924086

3. Mailing Office Address

14851 SW 296 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PRINCETON

City & State

HOMESTEAD FL

Zip

33092

Country

USA

Zip

33033

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/11/1997

5. FEI Number  
650734878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 07-09

7. Name and Address of Current Registered Agent

Name  
RUFINO FELIX LOPEZ

Street Address (P.O. Box Number is Not Acceptable)  
924086 14851 SW 296 street

Suite, Apt. #, Etc.

City  
~~PRINCETON~~ HOMESTEAD

State Zip Code  
FL 33033

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
PST	RUFINO FELIX LOPEZ	14851 SW 296 ST	HOMESTEAD FL 33033

B 9/16/09

REINSTATEMENT 07-09

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 contained in Chapter 119, 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: *Rufino Felix Lopez* RUFINO FELIX LOPEZ 8-28-09 305-877-3997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #