

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 14 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 97000092045

1. Corporation Name

L D Biz Consulting, Inc.

2. Principal Office Address

950 Harbor Drive

Suite, Apt. #, etc.

City & State

Key Bisc, Florida

Zip

Country

33149

USA

3. Mailing Office Address

1432 Brickell Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

Country

33149

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/1997

5. FEI Number

65-079351A

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

Leoncio de la Peña

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

601 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 705

City

Miami

State
FL

Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date

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
DESI	Jorge Welch	1432 Brickell Avenue	Miami, Florida 33131

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)(f), 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

Date

8/7/02 (305) 371 3885

Daytime Phone #

CR2E081 (9/01)

7/8/14/101