

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 14 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023983

1. Corporation Name

LUSER ENTERPRISES, INC.

2. Principal Office Address

6600 NW 72ND AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33166

Country

MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 13, 1998

5. FEI Number

665-0119688

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

LUIS F. SERA-GONZALEZ

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

6600 NW 72ND AVENUE

Suite, Apt. #, Etc.

N/A

City

MIAMI

State
FL

Zip Code

33166

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 **OCT 10, 2002**

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
PSTD	LUIS F. SERA-GONZALEZ	6600 NW 72ND AVENUE	MIAMI, FL 33166

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

10/10/2002 305 264-4638

Date

Daytime Phone #