



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

00 JUN 22 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.M. CRUZ CORP.

2176 NW 29 AVE
MIAMI FL 33142

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

Country

\$8.75 Additional Fee required for a Certificate of Status

[illegible]

Zip Code

Date _____

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #