PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN [*]



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P98000034838

1. Corporation Name

L.M. CRUZ CORP.

Principal Place of Business

Mailing Address

2176 NW 29 AVE

2176 NW 29 AVE

FILED

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SECRETARY OF STATE TALLAMASSEE, FLORIDA



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If above addresses are	ncorrect in any way, line thro	ough incorrect int	formation and enter o	orrection below.	·	
			ng Office Address, If Applicable			orated or Qualified less in Florida 04/16/1998
Suite, Apt. #, etc. Suite, Ap			Apt. #, etc.		5. FEI Number	Applied For
City & State		City & State			6.	Y 8 7 24 Not Applicable
Zip Country		Zip Country		,	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Add	dresses of Each Officer and/	or Director (Flor	ida nonprofit corpora	tions must list at lea	st 3 directors)	
Title(s)	Name of Officers and/or Directors			eet Address of Each icer and/or Director		City / State / Zip
D CRUZ LIN	A M	-	18335 COLLINS	AVE, APT 166		MIAMI BEACH FL 33160
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			REI	NSTAT	EWEN	94-00 18
8. Name and Address of Current Registered Agent					9. Name and A	ddress of New Registered Agent
				Name		
CRUZ, LINA M				Street Address (F	P.O. Box Number	is Not Acceptable)
18335 COLLINS A	VE ,		•			
APT 166				Suite, Apt. #, Etc	•	
MIAMI FL 33160	·	,		City		State Zip Code
iû. I, being appointed th	e registered agent of the abo	ve named corpo	ration, am familiar wi	th and accept the o	bligations of Secti	on 607.0505, F.S.
THE PLANT OF THE PARTY OF THE P	SIGNA		REQU	IIRED		Date Wropou
-gL., sv Agent	RE	GISTARED AGI	ENT MUST SIGN			
I certify that I am an o	officer or director or the recei	ver or trustee em	powered to execute	this application as p	provided for in cha the requirements	opter 607 or 617, F.S. I further certify that when filing 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.

6/20/200 Date

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