

2007 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

FILED

07 MAY -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P98000034838			
1. Entity Name L.M. CRUZ CORP.			
Principal Place of Business 2176 NW 29 AVE MIAMI, FL 33142		Mailing Address 2176 NW 29 AVE MIAMI, FL 33142	
2. Principal Place of Business - No P.O. Box # 700 W. 29 ST.		3. Mailing Address 6520 W. 8 AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33012		Zip 33012	
Country USA		Country USA	
4. FEI Number 65-0828524		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SORDO, BLANCA R ESQ. 9350 SOUTH DIXIE HIGHWAY - TENTH FLOOR MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CRUZ, LUIS V 2176 NW 29 AVE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CRUZ, LUIS V. 6520 W. 8 AVE. Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600103236026 05/25/07--01006--023 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:		05-02-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

20f2

LAW OFFICES OF
GOLDSTEIN & SORDO
9350 SOUTH DIXIE HIGHWAY
TENTH FLOOR
MIAMI, FLORIDA 33156

STUART A. GOLDSTEIN*
BLANCA R. SORDO
*ALSO ADMITTED IN DISTRICT OF
COLUMBIA & MARYLAND

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May 4, 2007

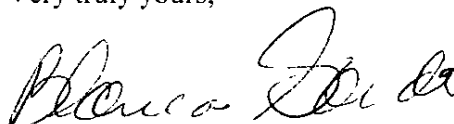
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: L.M. Cruz Corp.
Document No. P98000034838

To whom it may concern:

Enclosed please find the 2007 For Profit Corporation Reinstatement for L.M. Cruz Corp. along with a check made out to Florida Department of State in the amount of \$300.00. Please note the mailing address for the corporation has changed to 6520 W. 8th Ave., Hialeah, Florida 33012.

Very truly yours,


Blanca R. Sordo

/hs

enc.