

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT

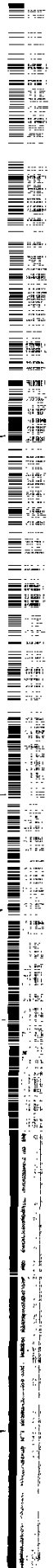


2000 UBR

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CR2ED40 (8/00)

DOCUMENT # P98000036757

1. Corporation Name  
L AND C ENGINEERING USA, INC.

Principal Place of Business  
4753 WALDEN CIR  
STE C  
ORLANDO FL 32811  
US

Mailing Address  
4753 WALDEN CIR  
STE C  
ORLANDO FL 32811  
US

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

2. New Principal Office Address, If Applicable 4793 Walden Cir Suite, Apt. #, etc. City & State Orlando FL Zip 32811		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 04/22/1998	
				5. FEI Number 59-3516357	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CARMONA, ADOLFO E	10836 GLEN COVE #106	ORLANDO FL 32817

500003526295--0  
-01/08/01-01010-005  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent CARMONA, ADOLFO E 10836 GLEN COVE #106 ORLANDO FL 32817		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date Dec. 20, 2000

REGISTERED AGENT MUST SIGN

11. 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 Date 10.20.2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

KE

Orlando, Oct. 20, 2009

20f2

As ~~we~~ agreed on our phone  
Conversation, I am sending a  
check of 150.<sup>00</sup> to keep the Coop.  
active.

Please, Note our address is  
6734 Parson Brown Dr.  
Orlando, FL, 32819

Any questions, call me at  
(407) 354.1165

Thanks

Alfredo Moreno