

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059763

1. Corporation Name

LCR & Associates
13627 Deering Bay Drive
#603
Miami, FL 33158

2. Principal Office Address

13627 Deering Bay Drive

Suite, Apt. #, etc.
#603

City & State
Miami, Florida

Zip
33158

Country
U.S.A.

3. Mailing Office Address

13627 Deering Bay Drive

Suite, Apt. #, etc.
#603

City & State
Miami, Florida

Zip
33158

Country
U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/7/98

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

For a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harry K. Bender, Esq.

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

5915 Ponce de Leon Blvd., Suite 60

Suite, Apt. #, Etc.

Suite 60

City

Coral Gables.

State
FL

Zip Code
33146

800008423208

-10/17/02-01043-004

****150.00 **** 50.00

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

10/8/02

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 |
|--------|--------------------------------------|---|--------------------|
| DP | Larry Hawkins | 13627 Deering Bay Drive #603 | Miami, FL 33158 |
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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)(f), 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

Larry Hawkins

Date

8 Oct

Daytime Phone #

305-
233-3799

CR2E081 (8-01)

25 10/18/02

Mr. Larry Hawkins
13627 Deering Bay Drive
#603
Miami, Florida 33158

October 8, 2002

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

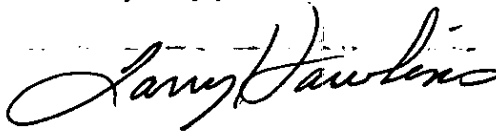
Re: LCR & Associates.

Dear Sir/Madam:

Enclosed please find my executed Corporation Reinstatement form regarding the above referenced corporation. Also enclosed, please find my check in the amount of \$ 150.00 which represents the fee for the annual report for last year which was not filed.

This letter shall further serve as my request that you waive the reinstatement fee due to the fact that I never received the last annual report form. I would greatly appreciate it, if you would provide me with confirmation of reinstatement as soon as possible. If you have any questions, please do not hesitate to contact me at the above referenced address. Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Larry Hawkins".

LARRY HAWKINS

Enclosure