

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 NOV 30 PM 2:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000061294**

1. Corporation Name

LAUZU CORPORATION

2. Principal Office Address

7001 W 35 AVE

Suite, Apt. #, etc.

UNIT 285

City & State

HIALOEAH, FL

Zip

33018

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge Lauzurique

100003497291 --8

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

7001 W. 35 AVE

-12/12/00--01069--031

******408.75 ****408.75**

Suite, Apt. #, Etc.

UNIT 285

City

HIALOEAH

State

FL

Zip Code

33018

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **11-28-00**

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
P4SEC	Jorge Lauzurique	7001 W 35 AVE UNIT 285	HIALOEAH, FL 33018
			100003497291 --8 -12/12/00--01069--032 ****500.00 ****500.00

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date **11-28-00**

Daytime Phone # **(305) 336-9705**

KE

CR2E081 (9/99)