

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P98000075084**

1. Corporation Name

**LUCAZA LATIN AMERICAN INVESTMENTS, INC.**

Principal Place of Business

801 BRICKELL AVENUE  
SUITE 1420  
MIAMI FL 33131

Mailing Address

801 BRICKELL AVENUE  
SUITE 1420  
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1998

5. FEI Number

65-0860793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	LINS, EDUARDO	801 BRICKELL AVENUE, STE. 1420	MIAMI FL 33131
AS	FREEMAN, STEPHEN A	520 BRICKELL KEY DR., STE. 305	MIAMI FL 33131

200004687792--2  
-11/19/01--01073--025  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
FL

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

10/16/01

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**  
EDUARDO LINS

10/16/01 (305) 374-3800

Date

Daytime Phone #

FILED

01 OCT 22 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



*2001 JPM*

CR2E040 (8/01)