PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS F	ORM. P819	2	
APPLICATION FOR Sandra B. Morth Secretary of Sta		IT OF STATE	APPROVED AND FILED			
REINSTATEMENT DIVISION OF CORPORATIONS						
DOCUMENT # PUS WWY 2091 1. Corporation Name			00 APR 10 PM 4: 25			
RUBEN & MARTA FIGUEREDO, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 12925 SW 188 Street Miami, FL 33177	5 SW 188 Street 12925 SW 188 Stree				(n	
			REINSTATE	MENTO		
11 above addresses are incorrect in any way, line through incorrect information and enter correct. 2. New Principal Office Address, If Applicable 12925 SW 188 Street 12925 SW 188 Street		Applicable	Date Incorporated or Qualified To Do Business in Florida	11/2/98	SP	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number		plied For	
City & State Miami, FL	City & State Miami, FL		65-0876691 6.	S8.75 Additiona	t Applicable	
Zip Country USA	Zip Country 33177	SA	CERTIFICATE OF STATUS DESIR	SED for a Certifica	e of Status.	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each						
Title(s) 1 Name of Officers Street Address of Each Officer and/or Directors 2 Go NOT Use Post Office Box N			•	City / State / Zip		
P/T/D Kenneth Lutchman 12925 SW 188 Street Miami, FL 33177						
V/S/D Bibi Lutchman 12925 SW 1		188 Street	Miami, FL 33177			
			,			
				<u> </u>		
D. N. and Address of Current	Posistered Agent	T	9. Name and Address of New F	Registered Agent		
Name						
		Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Boulevard				
			Suite, Apt. #, Etc. Suite, 350-Mic.			
City Hollywoo			od State Zip Code FL 33021			
10. I, being appointed the registered agent of the above named corporation, am far with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Agent Agent Must SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes XX No C						
12. 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 filling 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: Lesterman 04/05/2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						

Vaticia Pajito



ACCOUNT NO. : 072100000032

REFERENCE: 656359

838102

AUTHORIZATION :

COST LIMIT : \$ 908.75

ORDER DATE: April 10, 2000

ORDER TIME : 1:14 PM

ORDER NO. : 656359-005

CUSTOMER NO:

83810A

CUSTOMER: Ms. Jill Anderson

Feinberg & Maidenbaum Suite 350, North Tower 4000 Hollywood Blvd. Hollywood, FL 33021

._____

DOMESTIC FILINGS

NAME: RUBEN & MARTA FIGUEREDO, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS