

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 26 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA8000099726

1. Corporation Name

LUMAR REAL ESTATE SERVICES CORP.

2. Principal Office Address

12246 SW 131 AV

Suite, Apt. #, etc.

N/A

City & State

MIAMI FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

8461 SW 68 ST RD

Suite, Apt. #, etc.

N/A

City & State

MIA FL

Zip

33143

Country

USA

REINSTATEMENT 9-00

4. Date Incorporated or Qualified
To Do Business in Florida

11-30-1998

5. FEI Number

65-0878933

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

MARIA JULIA DOMINGUEZ

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

8461 SW 68 ST RD

Suite, Apt. #, Etc.

N/A

City

MIAMI FLA.

State

FL

Zip Code

33143

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

M. Dominguez

REGISTERED AGENT MUST SIGN

Date 1-15-00

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
<u>D</u>	<u>ENRIQUE JOSE ARGUELLO</u>	<u>13301 SW 40 ST</u>	<u>MIA FLA 33175</u>
<u>P/D</u>	<u>MARIA JULIA DOMINGUEZ</u>	<u>8461 SW 68 ST RD</u>	<u>MIA FLA 33143</u>
<u>D</u>	<u>LUIS JOSE RAMFIS DOMINGUEZ</u>	<u>10400 SW 67 AV</u>	<u>PINECREST 33156</u>

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:

M. Dominguez

Maria Julia Dominguez 1/15/00 (305) 279-995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E081 (9/99)