

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000053260**

1. Corporation Name

L C C MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**1412 W. FLAGLER ST
S-D
MIAMI FL 33135**

**1412 W. FLAGLER ST
S-D
MIAMI FL 33135**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1999

5. FEI Number

Applied For

65-0903239

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CARRERAS, CARLOS G JR	1412 W. FLAGLER ST	MIAMI FL 33135

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CARRERAS, CARLOS G JR.
1412 W. FLAGLER ST
S-D
MIAMI FL 33135**

Name
CARRERAS, CARLOS G. JR.
Street Address (P.O. Box Number is Not Acceptable)
11925 SW 100 TERR.
Suite, Apt. #, Etc.
MIAMI FL.
City
MIAMI
State
FL
Zip Code
33186

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
REGISTERED AGENT MUST SIGN

Date **10/14/00**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/00 (305)968-7756