

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000065095**

1. Corporation Name

L I A LIAISONS INNOVATIVE AGENCY INC.

Principal Place of Business

8824 NW 110TH STREET
HIALEAH GARDENS FL 33018

Mailing Address

8824 NW 110TH STREET
HIALEAH GARDENS FL 33018

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

07/22/1999

5. FEI Number

65-0935418

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HERNANDEZ, LIDIA R	8824 NW 110TH STREET	HIALEAH GARDENS FL 33018
			7000009119287 11/20/02--01032--010 **150.00

8. Name and Address of Current Registered Agent

HERNANDEZ, LIDIA R
8824 NW 110TH STREET
HIALEAH GARDENS FL 33018

9. Name and Address of New Registered Agent

Name
Tax Management Servus Corp
Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12 Street
Suite, Apt. #, Etc.
#318
City
Miami
State
FL
Zip Code
33126

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date _____

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

LIASONS INNOVATIVE AGENCY, INC
7925 NW 12 STREET
SUITE 318
MIAMI, FL 33126

SECRETARY OF STATE

November 14, 2002

Ref: P99000065095
Annual Report

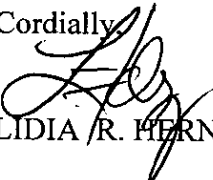
Dear Sir/Madam:

Please be advised that we have never received our annual report and we need to renew our corporation, please if you could check your records because we need you to take into consideration that the economic crisis our country is going through it has not been the easiest at all and we need your help with all the small businesses.

I AM REQUESTING CHANGE OF ADDRESS.

Thank your for your understanding.

Cordially,


LIDIA R. HERNANDEZ