

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000068886

1. Corporation Name

L.C.C.I CONSTRUCTION CORP.

2. Principal Office Address

390 UTAH AVE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL.

Zip

33312

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

BRIAN LAW

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

390 UTAH AVE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

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

Brian Law

REGISTERED AGENT MUST SIGN

Date 03/26/03

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>P</u>	<u>BRIAN LAW</u>	<u>390 UTAH AVE</u> <u>FORT LAUDERDALE FL. 333</u>	<u>FORT LAUDERDALE</u> <u>FL. 33312</u>
<u>VP</u>	<u>CEORIC LAW</u>	<u>SOME</u>	<u>SOME</u>
<u>S</u>	<u>CLARE LAW</u>	<u>SOME</u>	<u>SOME</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:

Brian Law

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/03

Date

954-7978062

Daytime Phone #

FILED  
DIVISION OF CORPORATIONS  
03 MAR 31 PM 1:07

500015325015  
04/07/03--01002--008 \*\*1050.00

REINSTATEMENT 01-03

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/99

5. FEI Number

650938593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (10/02)