


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P099000073832

1. Corporation Name  
**LOVO CORPORATION**

2. Principal Office Address <b>1790 West 49th Street</b>	3. Mailing Office Address <b>1790 West 49th Street</b>
Suite, Apt. #, etc. <b>305-6</b>	Suite, Apt. #, etc. <b>305-6</b>
City & State <b>Hialeah, Florida</b>	City & State <b>Hialeah, Florida</b>
Zip <b>33012-2916</b>	Country <b>USA</b>

**FILED**

03 APR 23 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

2002-2003  
LUBK

200017337482  
04/30/03--01009--008 \*\*300.00

4. Date incorporated or Qualified To Do Business in Florida **08/18/1999**

5. FEI Number **65-0988033**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **OSVALDO GAYON**


Street Address (P.O. Box Number is Not Acceptable) **1790 West 49th Street**

Suite, Apt. #, Etc. **305-6**

City **Hialeah**

State **FL** Zip Code **33012-2916**

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 

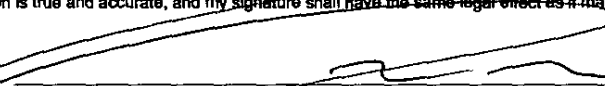
Date **03/28/2003**

REGISTERED AGENT MUST SIGN

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
PTSD	OSVALDO GAYON	1790 WEST 49th ST. # 305-6	HIALEAH, FLORIDA 33012
VD	MAYNOR CURTIS	420 E. 8 <sup>th</sup> ST # 219	HIALEAH, FL. 33010

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03/28/2003** Daytime Phone # **305-824-0059**

CR2E081 (10/02)

18

2002

Monday, April 21, 2003

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL. 32314

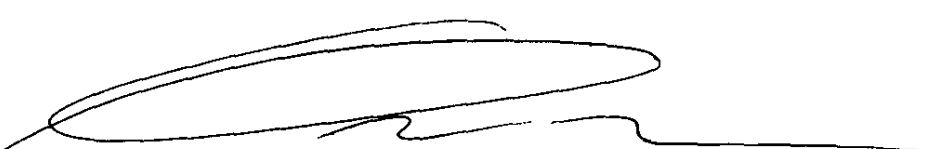
Dear Division of Corporation Officer,

I am filing this reinstatement of this corporation at this time because I didn't receive the UBR for 2002, that's why I'm requesting the penalty fee be waived.

Thank you for your attention and cooperation in this matter.

Thank,

Respectfully yours,



Osvaldo Gayon

Osvaldo Gayon