

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000081121

1. Corporation Name

LIA EXPRESS, INC.

00 NOV 20 PM 2:01

Principal Place of Business

Mailing Address

6551 SW 132 COURT CIRCLE  
MIAMI FL 33183

6551 SW 132 COURT CIRCLE  
MIAMI FL 33183



REINSTATEMENT 00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/1999

5. FEI Number

Applied For

05-0953671

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
D	VARGAS, LIBARDO	6551 SW 132 COURT CIRCLE	MIAMI FL 33183
D	DE VARGAS, AMPARO BOTERO	6551 SW 132 COURT CIRCLE	MIAMI FL 33183
D	VARGAS, PAULO CESAR	6551 SW 132 COURT CIRCLE	MIAMI FL 33183
D	VARGAS, ANA MARIA	6551 SW 132 COURT CIRCLE	MIAMI FL 33183

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VARGAS, LIBARDO  
6551 SW 132 COURT CIRCLE  
MIAMI FL 33183

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date 11-13-2000

REGISTERED AGENT MUST SIGN

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:

Paulo Cesar Vargas 11-13-2000 305-386-9251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #