

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 15 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103058

1. Corporation Name

LYCA BLU ENTERPRISES, INC

REINSTATEMENT 0240
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

717 East Las Olas Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

817 Harrison Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Hollywood

Zip

33301

Country

USA

Zip

33019

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1999

5. FEI Number

650983155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cesar Solorzano

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

817 Harrison Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 1/15/2010

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 |
|--------|--------------------------------------|---|----------------------|
| p | Cesar Solorzano | 817 Harrison Street | Hollywood, Fl. 33019 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

200166338333
01/15/10--01040--022 **600.00

10. E-mail Address: Cesar1110@aol.com

(To be used for future annual report notification)

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, I further certify, 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:

Cesar Solorzano

1/15/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #