

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

01 JAN 11 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110101

1. Corporation Name

LULU USA CORPORATION

Principal Place of Business

Mailing Address

7601 EAST TREASURE DRIVE #809  
NORTH BAY VILLAGE FL 33141

7601 EAST TREASURE DRIVE #809  
NORTH BAY VILLAGE FL 33141



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1999

5. FEI Number

65-0968601

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
F	FAUR, ALBERTO RUBEN	7601 EAST TREASURE DRIVE #809	NORTH BAY VILLAGE FL 33141

300003590763--0

-01/29/01--01130--005

\*\*\*\*150.00

150.00

LS

5/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAUR, ALBERTO RUBEN  
7601 EAST TREASURE DRIVE #809  
NORTH BAY VILLAGE FL 33141

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

2012

**LULU USA CORPORATION**

**141 North East 3<sup>rd</sup> Avenue**

**Suite 403**

**Miami, Florida 33132-2221**

**Telephone (305) 373-9847**

Miami, December 29, 2000

**Department of State**  
**Division of Corporations**  
**Tallahassee, FL 32314**

**RE: P99000110101**

To Whom It May Concern:

Relating to the Certificate of Administrative Dissolution or Revocation of the Corporation of LULU USA CORPORATION, I would explain the following:

1. The corporation was open on the month of December of 1999, it has been 9 months since and now it has been closed.
2. I never received any notification form the department of state regarding to the annul fee of \$150.00 to renovate the corporation for the year of 2000. This could be proven with the attached document from the US Postal Service on which the changed address from the corporation is shown:

Old Address: 7601 East Treasure Drive #809  
North Bay Village, FL 33141-4344

New Address: 141 NE 3<sup>rd</sup> AVE, Suite 403  
Miami, FL 33132-2221