

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR 97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 OCT 23 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 63693

1. Corporation Name

LENNOX INVESTMENTS, INC.

Principal Place of Business

Mailing Address

11130 N. Kendall Dr., #104
Miami, FL 33176

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/4/90	
City & State		City & State		5. FEI Number	
Zip		Country		65-0242643	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P&D	Mario L. Urruela	8355 S. W. 78 St.	Miami, FL 33143
Asst. Sec.	Don R. Livingstone	7711 S. W. 62 Ave.	Miami, FL 33143
			500002329385--D -10/24/97--01098--009 ****758.75 ****758.75
			REINSTATEMENT <i>at 10/23/97</i>

8. Name and Address of Current Registered Agent

Urruela, Stewart
8076 S. W. 80 Ave.
Miami, FL 33143

9. Name and Address of New Registered Agent

Name Don R. Livingstone
Street Address (P.O. Box Number is Not Acceptable)
7711 S. W. 62 Ave.
Suite, Apt. #, Etc.
1st flr,
City Miami State FL Zip Code 33143

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

Don R Livingstone
REGISTERED AGENT MUST SIGN

Date 10-21-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Don R Livingstone, Asst. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Don R. Livingstone, Asst. Sec.

10-21-97 305-665-1821
Date Daytime Phone #

CR2E040 (1/2/95)