PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PARE 1517 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 0300009857 DOCUMENT # 1. Corporation Name LF OPERATING INC. 900073506159 05/01/06--01055--017 **450.00 3. Mailing Office Address 2. Principal Office Address CR2E081 (12/05) __2416 Lincoln St Suite, Apt. #, etc. 2416 Lincoln St Suite, Apt. #, etc. 4. Date Incorporated or Qualified 9003 To Do Business in Florida City & State City & State 5. FEI Number Applied For 20-0218150 Hollywood, FL Hollywood, Not Applicable Zip Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33020 Broward 33020 Broward 7. Name and Address of Current Registered Agent Name Stuart Cooper
Street Address (P.O. Box Number is Not Acceptable) 511 NE 94th St. City State Zip Code Miami Shores 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 Date Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director Hollywood, FL 33020 PD L. Fenster 2416 Lincoln St 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 filling this reinstatement application, the reasonable 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my stugature shall have the same legal effect as if made under oath.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE:

March 13, 2006

LF OPERATING INC. 2416 LINCOLN STREET HOLLYWOOD, FL 33020

This is to inform you that I did not receive my annual report notice for the years 2004 & 2005 for the above corporation. I am submitting a reinstatement form for those years.

Thank you

Lynn Fenster LF Operating