

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 31 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO6000139442**

1. Corporation Name

LG&OD INVESTMENTS INC.

600139408086
12/31/08--01083--001 **335.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
1420 NW 81ST TER NO.4

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State

Zip Country
33322-4662 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-5825501

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
HISPANUSA INC

Street Address (P.O. Box Number Is Not Acceptable)
1919 N. State Rd 7 Ste 201C

Suite, Apt. #, Etc.
Suite 201C

City
Margate, FL 33063

State Zip Code
FL

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 _____

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 | LEONOR GARCIA | 19380 COLLINS AVE.APT 520B | SUNNY ISLES, FL 33160 |
| VP | ORIANA DIAZ | 19380 COLLINS AVE.APT 520B | SUNNY ISLES, FL 33160 |
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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 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/2008

Date

Daytime Phone #