

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 DEC 28 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000020896

1. Corporation Name
LS & R INVESTMENTS INC

2. Principal Office Address - No P.O. Box #
3111 NE 29 ST

3. Mailing Office Address
3111 NE 29 ST

Suite, Apt. #, etc.
3

Suite, Apt. #, etc.
3

CR2E081 (11/10)

City & State
FT LAUDERDALE, FL FT. LAUDERDALE FL

4. Date Incorporated or Qualified To Do Business in Florida
05/01/2011

Zip Country
33308 USA 33308 USA

5. FEI Number
27-5228154

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
LUCIAN GAGO

Street Address (P.O. Box Number is Not Acceptable)
3111 NE 29 ST

Suite, Apt. #, Etc.
3

City State Zip Code
FT. LAUDERDALE FL 33308

600293683256
12/28/16--01020--006 **1350.00

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
Lucian Gago
REGISTERED AGENT MUST SIGN

Date **12/27/16**

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
PRES	LUCIAN GAGO	3111 NE 29 ST #3	FT. LAUDERDALE FL 33308
VP	SCARLET J. ANDERSON	6068 GLYNDEBOURNE DR.	TROY MI 48098
SEC	RONALD ANDERSON	6068 GLYNDEBOURNE DR.	TROY MI 48098

10. E-mail Address: **LOUG121@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Lucian Gago* 12/27/2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #