

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

JOO UBR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009521

1. Corporation Name
L & A PARTNERS, INC.

Principal Place of Business 7512 DR. PHILLIPS BLVD. SUITE 127 ORLANDO FL 32819 US	Mailing Address 8169 DIAMOND COVE CIRCLE ORLANDO FL 32836 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3501 W Vine Street Suite, Apt. #, etc. City & State Kissimmee FL Zip 34741	3. New Mailing Office Address, If Applicable 3501 W Vine Street Suite, Apt. #, etc. City & State Kissimmee FL Zip 34741	4. Date Incorporated or Qualified To Do Business in Florida 01/26/1996	5. FEI Number 59-3365857	Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	LEMMERS, RICARDO	8169 DIAMOND COVE CIR	ORLANDO FL 32836
			LS
			100004719701--6
			-12/12/01--01008--013
			****158.75 ****158.75

8. Name and Address of Current Registered Agent FERREIRA, LUIZ A 8169 DIAMOND COVE CIR ORLANDO FL-32836	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #- Etc. City State FL Zip Code
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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]* Date 10/15/01
REGISTERED AGENT MUST SIGN

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]* Ricardo Lemmers 10/15/01 407.492-7716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)