

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P97000075155**

1. Corporation Name

LISHE II, INC.

Principal Place of Business

Mailing Address

1474 CORAL RIDGE DR
 CORAL SPRINGS FL 33071

1474 CORAL RIDGE DR
 CORAL SPRINGS FL 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
~~7460 W Boynton Beach Blvd~~
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
~~7460 W Boynton Beach Blvd~~
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1997

City & State
~~Boynton Beach FL~~

City & State
~~Boynton Beach FL~~

5. FEI Number

65-0781229

Applied For
 Not Applicable

Zip Country
~~33437 Palm Beach~~

Zip Country
~~33437 Palm Beach~~

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
P	FINKEL, LINDA	1474 CORAL RIDGE DR	CORAL SPRINGS FL 33071
ST	FINKEL, SHELDON	1474 CORAL RIDGE DR	CORAL SPRINGS FL 33071
P	Finkel, Linda	7460 W Boynton Beach Blvd	Boynton Beach FL 33437
ST	Finkel, Sheldon	7460 W Boynton Beach Blvd	Boynton Beach FL 33437
			600024656276 11/14/03--01004--024 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINKEL, SHELDON
 1474 CORAL RIDGE DR
 CORAL SPRINGS FL 33071

Name Finkel, Sheldon
 Street Address (P.O. Box Number is Not Acceptable)
7460 W Boynton Beach Blvd
 Suite, Apt. #, Etc.
 City Boynton Beach State FL Zip Code 33437

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. or 617.0505, F.S.

Signature of Registered Agent:

[Handwritten Signature]

Date

11/11/03

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

[Handwritten Signature] Sheldon Finkel Treas

11/11/03

561 737-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)