

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000006681

1. Entity Name  
LEES INVESTMENT GROUP, INC.



APPROVED  
AND  
FILED

04 NOV 29 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

04

Principal Place of Business  
4525 PGA BOULEVARD  
GARDEN SQUARE SHOPS  
PALM BEACH GARDENS, FL 33418

Mailing Address  
4525 PGA BOULEVARD  
GARDEN SQUARE SHOPS  
PALM BEACH GARDENS, FL 33418

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

11102004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0888582

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NORRIS, DAVID B  
712 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	LEE, PYONG S	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4525 PGA BOULEVARD	
CITY-ST-ZIP		PALM BEACH GARDENS, FL 33418	
TITLE	S	LEE, NAM S	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4525 PGA BOULEVARD	
CITY-ST-ZIP		PALM BEACH GARDENS, FL 33418	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600043045196
CITY-ST-ZIP	11/29/04--01064--020 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pyong S. Lee 11/13/04 (561) 627-0598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #