


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

APPROVED
AND
FILED
04 DEC -8 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K31051
1. Corporation Name
LEST-ANT CORPORATION

2. Principal Office Address 8310 SW 176 ST. Suite, Apt. #, etc. - City & State MIAMI, FL Zip 33157 Country USA	3. Mailing Office Address 8310 SW 176 ST. Suite, Apt. #, etc. - City & State MIAMI, FL Zip 33157 Country USA
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REINSTATEMENT 96-04

4. Date Incorporated or Qualified To Do Business in Florida 08/16/1988	5. FEI Number 65-0069145	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name THOMAS J. HAYES		
Street Address (P.O. Box Number is Not Acceptable) 8310 SW 176 ST.		
Suite, Apt. #, Etc. -		
City MIAMI	State FL	Zip Code 33157

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 Thomas J. Hayes Date 12/03/04

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
DP	CLIFFORD J. PALM	9352 SW 77 AVE, #6	MIAMI, FL 33156
DS	THOMAS J. HAYES	8310 SW 176 ST.	MIAMI, FL 33157

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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 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: Thomas J. Hayes Date 12/03/04 Daytime Phone # 305-254-3062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)