

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT OO

DOCUMENT # K33706

1. Corporation Name
LENE EMBROIDERY CO; INC.

Principal Place of Business Mailing Address
13390 SW 131ST ST #140 13390 SW 131ST ST # 140
MIAMI FL 33186 MIAMI, FL 33186

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/22/1988	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0081527	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ELENA CABAN	7401 SW 137TH CT	MIAMI FL 33183

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FERNANDEZ, ELENA 14605 SW 115TH TER MIAMI FL 33186		Name CABAN, ELENA Street Address (P.O. Box Number is Not Acceptable) 7401 SW 137TH CT Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33183	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *Elena Caban* Date: 11/15/00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Elena Caban* ELENA CABAN-PRES 11/15/00 305 251-5327
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : JIM SIERRA & ASSOCIATES
Account Number : 110677000356
Phone : (305)271-7310
Fax Number : (305)271-4422

CORPORATION REINSTATEMENT

LINEN EMBROIDERY CO., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00