



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 13 AM 9:09

DOCUMENT # L04000068060 1. Entity Name L&E FINANCIAL LLC					
Principal Place of Business 375 CHEROKEE CT. ALTAMONTE SPRINGS, FL 32701			Mailing Address 375 CHEROKEE CT. ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business 407 Contempoent cr. Suite, Apt. #, etc. Altamonte Springs FL 32701 City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 32701		Country USA		10062005 REIN-LLC CR2E101 (6/04)	
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIEL, SANTOS 375 CHEROKEE CT. ALTAMONTE SPRINGS, FL, FL 32701-SEM			7. Name and Address of New Registered Agent Name Luis Sanabria Street Address (P.O. Box Number is Not Acceptable) 118 Rosewood CT City Kissimmee FL Zip Code 34743		
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 Luis Sanabria MGR DATE 10/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANABRIA, LUIS 118 ROSEWOOD CT KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000060576320 10/13/05--01034--003 **\$0.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELIEL, SANTOS 375 CHEROKEE CT ALTAMONTE SPRING, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELIEL, SANTOS 375 CHEROKEE CT ALTAMONTE SPRING, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Luis Sanabria <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 10/6/05 Daytime Phone # 321-284-9134		