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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 15 PM 2:46

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DOCUMENT # L08000075383

1. Limited Liability Company's Name
LEC Enterprises LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15389 NW 12 Terrace	13727 SW 152 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. #370
City & State: Miami Florida	City & State: Miami, Florida
Zip: 33187 Country: U.S.A.	Zip: 33177 Country: U.S.A.

4. State/Country of Formation: Florida - USA.

5. Date Organized or Qualified To Do Business in Florida: August 6, 2008

6. FEI Number: 26-3184814. ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Elizabeth Celemcha Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 13727 S.W. 152 ST #370

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33177

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 1.22.10

Owner/MGR REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Elizabeth Celemcha Rodriguez	15389 NW 12 Ter.	Miami, FLA 33187

REINSTATEMENT 2009

1/28/10

11. E-mail Address: liz.8826@hotmail.com
(To be used for future annual report notification)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 1.22.10 Daytime Phone #: 7864873315

Typed or printed name of signing Managing Member/Manager: Elizabeth Celemcha Rodriguez