APPLICATION FOR
REINSTATEMENT FOR
IMITED LIABILITY COMPANY



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

FILED

98 NOV 16 PM 2: 30

Make Check Payable To: FLORIDA DEPARTMENT OF STATE				SECRETARY OF STATE			
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L9700001413 LEE HO THER UNIONAL CORPORATION, L.C.				AHASSEE.		<u> </u>	
3191 CORAL WAY Suite 115			1a. Principal Place of Business Address				
miami FL. 33147			3191 CORAL WAY Suite 115				
1000 2000 1 1 2		:	mi am	i FL. :	33147	-	
If above mailing address is incorrect in any way, line through Incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2. Mailing Address				ed or Qualified	3a. State of	f Formation	
3191 COPOLWAY Suite, Apt. #, etc. Suite, Apt. #, etc.				1997	PL		
suitciis suitciis			4. FEI Number			Applied For	
City & State Miami, Florida Miami, Florida					Ī	Not Applicable	
Zip Country	<u> </u>	Country		5. Date of Last Report		6. Certificate of Status Desired	
33147 USA	33147	ISA			\$8.75 Addition	nal Fee Required	
7. Name and Address of Current I	Registered Agent		3. Name and Add	ress of New Re	gistered Age	nt	
BRODY, SIDNEY 2.	ESQ.	Name	ev 2. Br	odie.	E.SG.	-	
7270 N.W. 12 TH ST PH-I Street Address (P			P.O. Box Number is Not Acceptable)				
MIAMI FL . 33126 7270 Suite, Apt. #, etc.			NW12ST PH-1				
			ní Pi.				
City			ij FI.	FL	Zip Code 3312	.6	
9. I, being appointed the registered agent of the abo	ove named limited liability comp	any, am familiar with an	d accept the obliga	tions of Chapte	r 608, F.S.		
Signature of Registered Agent		·. ·	* :- Da	ate <u>///</u>	2/98	· .	
10. Title Managing Members/Managers	REGISTERED AGENT MUST SIGN Bu	siness Street Address	•	, c	ity, State & Zir	Code	
			مارين ک		-		
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11. I certify that I am managing member/manager or	the receiver or trustee empower	red to execute this appli	cation as provided	for in chapter 60	08, F.S. I furth	er 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.

Typed or printed name of signing Managing Member/Manager

Date MY 10 , 1938 ayrime Phone # (305)

CR2EQ41 12/97 Law Offices of Sidnery Z. Brodie

ISO SOUTH PINE ISLAND ROAD SUITE 105-B PLANTATION, FLORIDA 33324 TELEPHONE (954) 472-1900 TELECOPIER (954) 472-3355 E-MAIL: brodie@icanect.net

> SIDNEY Z. BRODIE LEE D. GLASSMAN *

* ALSO ADMITTED TO MARYLAND

November 13, 1998

AIRPORT EXECUTIVE TOWER 2
PENTHOUSE (
7270 N.W. 12** STREET
MIAM1, FLORIDA 33126
TELEPHONE (305) 477 - 1155
TELECOPIER (305) 477 - 3860
1 - 800 - 255 - 1826
E-MAIL:brodie@icanect.net

PLEASE REPLY TO:

DIVISION OF CORPORATIONS Registration Section P.O Box 6327 Tallahassee, Florida 32314

RE: LEEHO INTERNATIONAL CORPORATION, L.C.

Dear Sir/Madam:

Enclosed herewith please find the original Leeho International Corporation, L.C., and Check Number 1001 in the amount of \$688.75 representing the amount due and owing for the reinstatement of the above corporation, with regards to the above captioned matter.

Should you have any questions, do not hesitate to contact me at your convenience.

Sincerely,

O.Molina
Olga Molina
Legal Assistant

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encls. (as noted)

P.S. I ENCLOSE A SELF-STAMPED ENVELOPE IN ORDER THAT YOU CAN PROVIDEME WITH A COPY OF THE FILE REINSTATEMENT APPLICATION.

THANK YOU!!!