APPROVED AND FILED

01 JAN 31 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N94000006179 (S)*

1. Corporation Name

L. T. N., INC.

2. Principal Office Address
501 NE 199 LANE

Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip *33179*   Country *DADE*

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip *33179*   Country *DADE*

4. Date Incorporated or Qualified To Do Business in Florida *12-19-94*

5. FEI Number *65-0541335*   Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

`6000037464BE---3`
`-02/21/01--01123--010`
`****428.75 ****428.75`

Name
PROSPER AMAR

Street Address (P.O. Box Number is Not Acceptable)
501 NE 199 LANE

Suite, Apt. #, Etc.

City
MIAMI

State **FL**   Zip Code *33179*

REINSTATEMENT

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 *[signature]*
REGISTERED AGENT MUST SIGN

Date *01-11-01*

CR2E081 (9/99)

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
P P	PROSPER AMAR	501 NE 199 LANE	MIAMI, FL. 33179
P S	MARILYNE AMAR	501 NE 199 LANE	MIAMI, FL. 33179
D	HERBERT J. KAPLAN	1000 NORTH HIATUS ROAD 110	PEMBROKE PINES FL 33026

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: *[signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-01   Date

305-653-2255   Daytime Phone #