

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

2001 UBR
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 11 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000003013

1. Corporation Name

L & X INC.

2. Principal Office Address

7380-A SW 40 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

7380-A SW 40 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2000

5. FEI Number

65-1032221

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

Name

JOY PHANITDASACK

Street Address (P.O. Box Number is Not Acceptable)

7380-A SW 40th St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

12/5/01

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
PD	PHANITDASACK XUAN	10801 SW 158 street	MIAMI, FL 33157
VPD	PHANITDASACK LEUNG	10801 SW 158 street	MIAMI, FL 33157
TSD	PHANITDASACK JOY	10801 SW 158 street	MIAMI, FL 33157

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)(f), 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

12/5/01

Date

786-295-0720

Daytime Phone #

CR2E001 (8/00)

267

Miami, December 6th 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: L & X INC.
Doc P00000003013

Dear Sir or Madam:

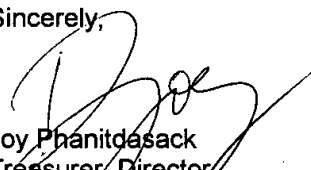
Please find enclosed an application for reinstatement.

We checked with your department and found out that you have our fee of \$150.00 (see attached).

We want to ask you for consideration and waive the penalty for reinstatement of our corporation because we did not get your letter requesting a signature for the registered agent.

Your consideration will be greatly appreciated.

Sincerely,


Joy Phanitdasack
Treasurer, Director
7380-A SW 40th St.
Miami, FL 33155