F	*	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
		CONTRACTOR OF CTATE

APPLICATION **FOR** REINSTATEMENT

DOCUMENT #

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

0000015746 1. Corporation Name

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FILED

02 MAY -6 PM 2: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mailing Address y way, line mrougi 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable \$3.75 Additional Reprequired for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) 400006062164--2 -06/27/02--01034--010 ****300.00 ****300.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. STURA- FL 34997 City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. 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 filling 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.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR



ROGER B. GREEN AND ASSOCIATES TAX CONSULTANTS & FORENSIC ACCOUNTANTS

P.O. BOX 106, PORT SALERNO, FL. 34992 PHONE - 772 / 219-8907 FAX - 772 / 219-8974

May 3, 2002

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS REINSTATEMENT SECTION P.O.BOX 6327 TALLAHASSEE, FLORIDA 32314

RE: LEN AERO, INC. P00000015746

DEAR PEOPLE:

FURTHER TO OUR PHONE CONVERSATION THIS DATE, THIS IS TO STATE THAT - FOR WHATEVER REASONS WE HAVE NOT RECEIVED THE LAST TWO MAILINGS OF UBR.

THIS CORPORATION WHILE INACTIVE FROM THE DATE OF THE ORIGINAL FILING, IS FINALLY STARTING BUSINESS AS OF THE ABOVE DATE.

ACCORDING TO YOUR INSTRUCTIONS: PLEASE FIND ENCLOSED \$300.TO BRING THE STATUS TO "CURRENT"..

WE ARE SIMILARLY ADVISING BOTH FLORIDA DEPT. OF REVENUE AND I.R.S. OF BUSINESS STARTING CURRENTLY.

AS ALWAYS, WE THANK YOUR OFFICE FOR EXCELLENT COURTESIES.

ROGER B. GREEN CPA

RESPECTFUL