PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	. FILED, 02 NOV 20 AM 10: 05
DOCUMENT # P0000		SECRETARY OF STATE TALLAHASSEE, RLORIDA
L&J INVESTMEN	ot Entarprise INC.	REINSTATEMENT ()
2. Principal Office Address 7625 SW 37 C+.	3. Mailing Office Address	TAILIAI O
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida MAY 18, 2000
City & State Miami PL	City & State	5. FEI Number (05 - 1006933 Not Applicable
2ip 33173 Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Register	ed Agent
Name JUAN	Mursoli	
Street Address (P.O. Box Number is N		
Suite, Apt. #, Etc.	5 300 8 7 6(
City A A . ` .	•	State Zip Code
MIAN		FL 13/31 / 13 13.
Signature of Registered Agent	ve named corporation, am familiar with and accept the ob	Oligations of section 607.0505 or 617.0503, F.S. Date
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Chata / 7in
P,S,D JAN MURSUI	7625 SW 87	Ct: Misni PL 33/73
VP, D Lori Murri	7625 SW 87	Ct. Misni, FL 33173
	`	
	·	100003039231 11/20/0201028007 **758.75
		Mu
this reinstatement application, the reason for disso owed by the corporation have been paid and the r	plution has been eliminated, the corporate name satisfies i	rovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees n exemption under section 119.07(3)(i), F.S. The information indicated oath.
SIGNATURE: Duan	MASSING OFFICER OR DIRECTOR	11/19/02 786-355-159 D Daytime Phone #

VALIDATION ONLY

Maria	Alo-	- NF	1RAN	210
Requestor's Name	3W	40+	h S	
Miami	F	33	<u>155</u>	_
City Sta	30	5 66	Phone	:858

CORPORATION(S) NAME

	Lé J TNUSTMENT Enferprise, INC.				
				02	
() Profit () NonProfit	() Amendment	() Merger	MOV 20	
() Foreign	() Dissolution	() Mark		
() Limited Partnership	() Annual Report) Reservation	() Other () Change of Registered Agent		
() Certified Copy	() Photo Copies	() Certificate Unde	er Seal	
() Call When Ready Walk In	(() Will Wait) Call If Problem	() After 4:30 () Ma	il Out	

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier