

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000069368

1. Corporation Name

L' BOULEVARD ENTERPRISES CORPORATION

Principal Place of Business

Mailing Address

830 ALI BABA AVE
OPA LOCKA FL 33054

830 ALI BABA AVE
OPA LOCKA FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/20/2000

5. FEI Number

65-1024903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDT	TORRENTE, GLORIA	5701 SW 51 STREET	MIAMI FL 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**TORRENTE, GLORIA
5701 SW 51 STREET
MIAMI FL 33155**

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/19/03**

11. 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:

[Handwritten Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2003 305 681 8112
Date Daytime Phone #



FILED
03 NOV 26 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CPRE040 (7/03)

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Opa-Locka, Florida
November 20, 2003

Florida Department of State
Division of Corporations.

Dear Ladies /gentlemen,

We want ti reinstate L'Boulevard Enterprises Corp. FEI65-1024903. According to your Instructions (Important Facts) we are letting you know we have not received any previous Form on the mail from you for the current year 2003. A check of \$150.00 is enclosed.

Thank you very much,

G/ Tortente, President

