

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -8 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076117

1. Corporation Name

L + J of Miami, Inc

2. Principal Office Address

4340 Sheridan St

Suite, Apt. #, etc.

102

City & State

Hollywood FL

Zip

33021

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/10/00

5. FEI Number

65-1050174

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

Ronald Klein

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

4340 Sheridan St

Suite, Apt. #, Etc.

102

City

Hollywood FL

State

FL

Zip Code

33021

400046547404

02/15/05--01044--019 **BUU UD

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]

Date

1/27/05

REGISTERED AGENT MUST SIGN

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
D	Eduardo San Roman	13155 SW 36 St #200	Miami, FL 33175

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

Date

305 551-9400

Daytime Phone #

CR2E081 (01/05)

2052

L & J of Miami, Inc.
4340 Sheridan Street
Hollywood, Florida 33021

January 31, 2005

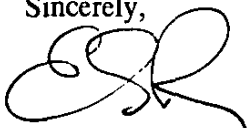
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please find enclosed a check in the amount of \$600.00 for annual corporate reports for 2003, 2004 and 2005. During 2002 we moved our offices and unfortunately never received any notices for the annual reports. Please abate any penalties in order to reinstate the corporation.

Thank you for your cooperation in resolving this matter.

Sincerely,



Eduardo San Roman
Director