

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 NOV 14 PM 12: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P01000001322**

1. Entity Name  
**LE JEUNE KARS, INC.**

Principal Place of Business  
**4265 EAST 8 AVENUE  
HIALEAH, FL 33013**

Mailing Address  
**4245 E. 8TH AVENUE  
HIALEAH, FL 33013**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number  
**65-1066351**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRUNASCO, ELIZABETH B  
8540 SW 149 AVE  
MIAMI, FL 33193**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

11/07/07  
DATE

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PVSD</b>	<input type="checkbox"/> Delete
NAME	<b>BRUNASCO, ELIZABETH B</b>	
STREET ADDRESS	<b>8540 SW 149 AVE</b>	
CITY-STATE-ZIP	<b>MIAMI, FL 33193</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VERONESI, ALEJANDRO</b>	
STREET ADDRESS	<b>8540 SW 149 AVE</b>	
CITY-STATE-ZIP	<b>MIAMI, FL 33193</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**300112302133**  
11/14/07--01052--010 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/07 (305)387-2441  
DATE Phone Number