PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION STATEMENT		DEPARTMI Secretary of ISION OF CORP			FIL			
		DIV.	ISION OF CORP	ORATIONS	ן נ)5 MAR -3	PM 4: 52	,	
DOCUMENT # PO100001329									
1. Corporation Name					TÀ	SECRETARY OF STATE TALLAHASSEE FLORIDA			
LJR Hospitality, Inc.									
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W05-11617						STATE	MENT	()/-D	
2. Principa	Office Address	3. Mailing	Office Address かがよ	-th. 1.) 9%100 m			000	
Suite, Apt. #, etc. Suite, Apt. #, e				5 - NU	and the second s		/	MKD	
						porated or Qualified iness in Florida	1/4/-	2001	
City & State	<i>(</i> ,	City & State			5. FEI Numbe		- 	Applied For	
1 h ia			ini	<u> </u>	65	1 - 0	18	Not Applicable	
^{zip} \$3	157 Country 5	A 331		USA	6. CERTIFICATI	E OF STATUS DESIRE	\$8.75 Addition	onal Fee required licate of Status	
7. Name and Address of Current Registered Agent									
	Name Charles W. Flyny Street Address (P.O. Box Number is Not Acceptable).								
Street Address (P.O. Box Number is Not Acceptable). 1950 Stu 27 Ave Suite, Apt. #. Etc.								_	
	City MiAMI	<u> </u>				State Zip Co	33/45		
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.									
Registered Agent May Co W, Alynnam Date 725 05									
REGISTERED AGENT MUST. SIGN A									
9. Names	and Street Addresses of Ead		lorida nonprofit co	· · · · · · · · · · · · · · · · · · ·		 -			
Titles	Nam Officers and	Street Address of Each Officer and/or Director			City / State / Zip				
D	Lex Roy		15740	5475th	A	Miam:	FL 37	3157	
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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 signal have the same legal effect as if made under oath.									
7 h / 100 200 000									
SIGNATURE: SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									
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