

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 6:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000074641

1. Corporation Name  
 LENNON BATISTA, INC.

Principal Place of Business Mailing Address  
~~230 GALABRIA #6~~ ~~230 GALABRIA #6~~  
~~CORAL GABLES FL 33134~~ ~~CORAL GABLES FL 33134~~  
 2800 SW 4 ST ← SAME  
 MIAMI FL 33135-1310  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country  
 2800 SW 4 ST MIAMI FL 33135 USA

3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country  
 2800 SW 4 ST MIAMI FL 33135 USA

4. Date Incorporated or Qualified To Do Business in Florida 07/27/2001

5. FEI Number 65-1131557 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
D	LENNON, KEVIN	<del>230 GALABRIA #6</del> 2800 SW 4 ST	<del>CORAL GABLES FL 33134</del> MIAMI, FL 33135-1310
D	BATISTA, REINALDO	<del>230 GALABRIA #6</del> 2800 SW 4 ST	<del>CORAL GABLES FL 33134</del> MIAMI FL 33135-1310

700008947027  
 11/13/02--01014--006 \*\*150.00

8. Name and Address of Current Registered Agent  
 LENNON, KEVIN  
~~230 GALABRIA #6~~  
~~CORAL GABLES FL 33134~~  
 2800 SW 4 ST  
 MIAMI, FL 33135-1310

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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 Signature Required Date 11-5-02  
 REGISTERED AGENT MUST SIGN

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: Signature Required 11-5-02 305-342-9138  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

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November 6, 2002

Florida Department of State  
Jim Smith  
Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

Please be advised that I did not receive the two prior uniform business report (UBR) notices. I recently moved and have had problems receiving my forwarded mail from the Post Office. I have enclosed the completed Application for Reinstatement and a check in the amount of \$150.00.

Sincerely,



Kevin Lennon  
Director

11/06/02  
RECEIVED