

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -7 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079936

1. Corporation Name

L.O. SERVICES, INC.

3601 N. DIXIE HWY.

800036520728
05/17/04--01069--005 **300.00

REINSTATEMENT 03-04

2. Principal Office Address

3601 N. DIXIE HWY.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Zip

33064

Country

BROWARD

Zip

Country

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

8/14/01

5. FEI Number

65-1132590

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

DANIEL BENGIO

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

2525 N STATE ROAD 7

Suite, Apt. #, Etc.

SUITE 115

City

HOLLYWOOD

State

FL

Zip Code

33021

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]
REGISTERED AGENT MUST SIGN

Date 05/11/04

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
P	LEV OLEYEK	3601 N DIXIE HWY.	POMPANO BEACH, FL 33064

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEV OLEYEK

05/11/04

Date

Daytime Phone #

CR2E081 (01/04)



HOFFMAN, LEVY, BENGIO & Co., PL
Certified Public Accountants and Consultants

2525 N. STATE ROAD 7 • SUITE 115
HOLLYWOOD, FL 33021
TEL: (954) 966-1141 • FAX: (954) 966-2474

June 2, 2004

Uniform Business Report
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

- Re: L O Services, Inc.

To Whom It May Concern:

In response to your letter dated May 25th, 2004 (copy attached herewith), we are making a statement by this letter with regards to the notices of the UBR. Since the address had changed, we received neither the original nor the second notice.

At this time, we respectfully request that you waive the late penalties and accept the check as full payment. Should you have any questions, please do not hesitate to contact me at 954-966-1141 x-222.

Thanking you in advance,

Sincerely,

Daniel Bengio, CPA

Encl.