

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 <input type="checkbox"/> \$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: *D. Bengio* Date: 05/11/04
REGISTERED AGENT MUST SIGN

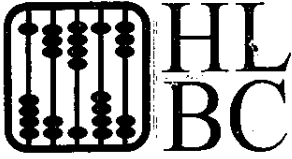
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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: *LEV OLEYEK* LEV OLEYEK Date: 05/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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.