

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105131

1. Corporation Name

L G H ENTERPRISES, INC.

Principal Place of Business

7175 S.W. 120 STREET
MIAMI FL 33156

Mailing Address

7175 S.W. 120 STREET
MIAMI FL 33156

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2001

5. FEI Number 65-1149634

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HAMPDEN, GORDON E	7175 S.W. 120 STREET	MIAMI FL 33156
VPD	HAMPDEN, ELIZABETH	7175 S.W. 120 STREET	MIAMI FL 33156

8. Name and Address of Current Registered Agent

HAMPDEN, GORDON E
7175 S.W. 120 STREET
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name GORDON E. HAMPDEN
Street Address (P.O. Box Number is Not Acceptable)
7175 SW 120th STREET
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33156

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

REGISTERED AGENT MUST SIGN

Date

10/29/02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GORDON E. HAMPDEN

Date

10/29/02 305-662-2746

Daytime Phone #

CR20040 (8/02)

L.G.H. Enterprises, Inc.

7175 S.W. 120th Street

Miami, Florida 33156

Phone: 305-669-0289

October 29, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: LGH Enterprises
Document #: P01000105131

To Whom It May Concern:

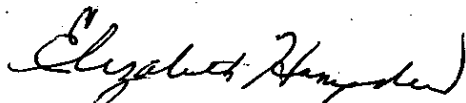
Please be advised that we were surprised to receive a piece of correspondence informing us that our corporation had been dissolved. This was a great surprise to us because for the entire year 2002, we received no correspondence from your office or any other agency requesting any information or asking for anything to be done on our part.

I am therefore requesting a waiver of fees and reinstatement of the corporation. We have enclosed our check in the amount of \$150 and hope that we have the pleasure of a favorable response to this request.

Respectfully,



Gordon E. Hampden
President



Elizabeth Hampden
Vice President