PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 26 PM 12:12

DOCUMENT # **P01000107556**

1. Corporation Name

L & N INTERNATIONAL BUSINESS CORPORATION

REINSTATEMENT 03-04

Principal Place of Business	Mailing Address
9805 NW 52 STREET STE 421 MIAMI FL 33178	9805 NW 52 STREET STE 421 MIAMI FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 8510 NW 72nd St.	Suite, Apt. #, etc. 8510 NW 72nd St.
City & State Miami, FL	City & State Miami, FL
Zip 33166 Country USA	Zip 33166 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/07/2001

5. FEI Number: 65-1151416 ☐ 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
~~PRS~~	~~ESPINOSA, LUCIA~~	~~9805 NW 52 STREET STE 421~~	~~MIAMI FL 33178~~
~~DVT~~	~~CELY, NANCY~~	~~9805 NW 52 ST STE 421~~	~~MIAMI FL 33178~~
DVT	ESPINOSA, ESTEBAN	8510 NW 72nd Street	Miami, FL 33166
DPS	Espinosa, Lucia	8510 NW 72nd Street	Miami, FL 33166

8. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.
~~CUEVAS & RUBIN, P.A.~~
536 BILTMORE WAY
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: ROBERTO J. ORTIZ, ESQ.
Street Address (P.O. Box Number is Not Acceptable): Cuevas & Ortiz, P.A.
Suite, Apt. #, Etc.: 536 BILTMORE WAY
City: CORAL GABLES State: FL Zip Code: 33134

CR2E040 (7/03)

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: _____ Date: 3/5/04
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: _____ 3/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #