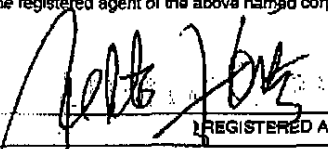


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAR 26 PM 12:12
DOCUMENT # P01000107556			
1. Corporation Name L & N INTERNATIONAL BUSINESS CORPORATION			
Principal Place of Business 9805 NW 52 STREET STE 421 MIAMI FL 33178		Mailing Address 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 Suite, Apt. #, etc. 8510 NW 72nd St. City & State Miami, FL Zip 33166 Country USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 8510 NW 72nd St. City & State Miami, FL Zip 33166 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 11/07/2001		5. FEI Number 65-1151416	
6. CERTIFICATE OF STATUS DESIRED ☒		7. 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
BPS	ESPINOSA, LUCIA	9805 NW 52 STREET STE 421	MIAMI FL 33178
DVT	GELY, 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	
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: 		Date 3/5/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #