

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000002187

1. Corporation Name

L & L LIQUIDATIONS, INC.

Principal Place of Business

Mailing Address

2142 NE 122 ROAD
N MIAMI FL 33181

2142 NE 122 ROAD
N MIAMI FL 33181

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2002

5. FEI Number

55-0797132

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
PD	LEWIS, JUSTIN R	2142 NE 122 ROAD	N MIAMI FL 33181
VD	LEWIS, MELISSA L	2142 NE 122 ROAD	N MIAMI FL 33181

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALLAHAN, J.R.
249 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date

Nov 5, 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Justin R Lewis President 11-12-03 305-949880

Date

Daytime Phone #

FILED

03 NOV 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



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11/20/03--01002--026 **150.00

CR2E040 (7/03)

November 12, 2003

State of Florida Department of State:

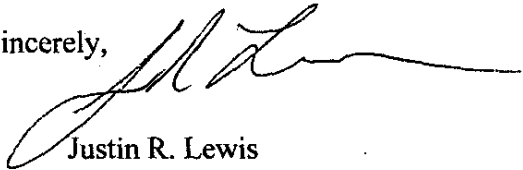
My name is Justin R. Lewis President of L & L Liquidations. It has come to my attention that my corporation has been dissolved due to a lack of filing.

However, **neither my staff nor I received a prior UBR notice/notices** in the mail.

My first notice was the dissolution notice. My concern for a quick and convenient resolution for reinstatement is why I have completed the reinstatement application, included the \$150.00 UBR filing fee, and wrote this letter stating the above problem.

I thank you for your attention and I will eagerly be awaiting your response.

Sincerely,



Justin R. Lewis
President
Office-305-949-8805
Cell--- 786-586-2346

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